

This document is designed to help a new user navigate through the system and complete any required application.

# User Manual

Nursing Facility Administrator  
(NFA) Online Licensing System

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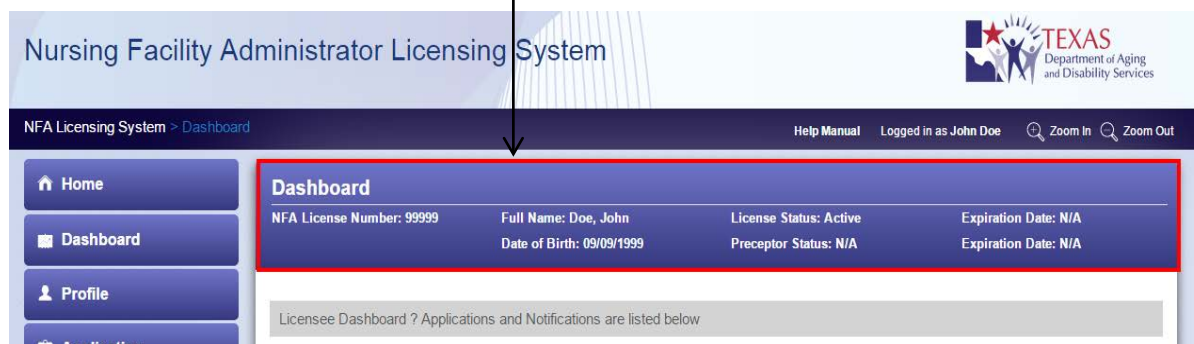
*This page is intentionally left blank.*

## Information areas in the application

### 1. Licensee information bar

The screenshot below displays the licensee's information. It contains information regarding the licensee/prospective licensee and will be displayed at the top of various screens throughout the application.

- License number
- Full name
- NFA license status
- NFA license expiration date
- Date of birth
- Preceptor status
- Preceptor expiration date



### 2. Application information bar

The screenshot below displays application information. It will contain information regarding the application for a licensee/prospective licensee.

- Application ID
- Application type
- Application status
- Application date
- Application age



### 3. Enforcement Case information bar

The screenshot below displays enforcement case information. It contains information regarding an enforcement case for a licensee.

- a. Case ID
- b. Case number
- c. Case type
- d. Case status
- e. Start date
- f. Close date

The screenshot displays the NFA Licensing System interface. The header includes the system name and the Texas Department of Aging and Disability Services logo. The user is logged in as John Doe. The main content area is titled 'Case Management' and shows licensee information: NFA License Number: 99999, Full Name: Doe, John, License Status: Active, and Expiration Date: N/A. Below this, the 'Enforcement Case Details' section is highlighted with a red box. It contains a table with the following data:

Case Details		
Case ID: 1	Case Number: 1234	Case Type: Referral
Case: Open	Start Date: 10/19/2014	Close Date: N/A

Buttons for 'View Profile' and 'Email Correspondence' are located to the right of the table. Below the table is a section for 'Committee Meeting'.

## 4. Dashboard

The dashboard is an easy to read, single page, real-time user interface screen for displaying information regarding applications, internship requests, and various notifications specific to the applicant's account only.

**Nursing Facility Administrator Licensing System**

TEXAS Department of Aging and Disability Services

NFA Licensing System > Dashboard

Help Manual Logged in as John Doe Zoom In Zoom Out

**Dashboard**

NFA License Number: N/A Full Name: Doe, John License Status: N/A Expiration Date: N/A  
Date of Birth: 11/04/1985 Preceptor Status: N/A Expiration Date: N/A

Licensee Dashboard ? Applications and Notifications are listed below

**Applications**

Application ID	Date Started	Application Type	Status
88	11/23/2014	New	Pre-Approved

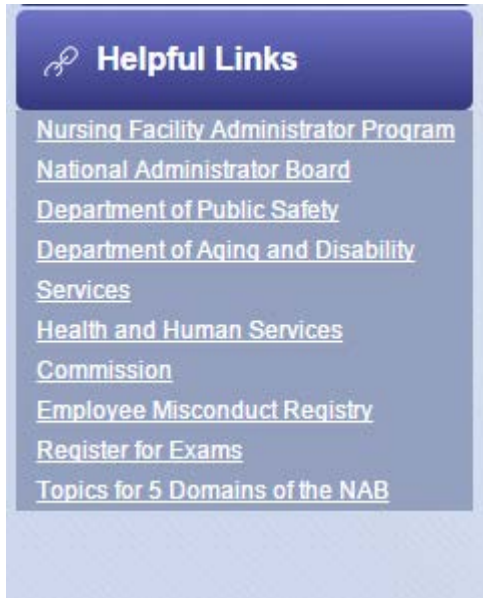
**Notifications** [View More](#)

Application ID	Notification Type	Date	User	Message
88	Notification	11/23/2014	DADS Staff1	Please proceed with your exams.
88	Notification	11/23/2014	DADS Staff1	Internship process is completed.
88	Notification	11/23/2014	Victor Smith	Internship request is approved.
88	Notification	11/23/2014	DADS Staff1	Internship request is approved.
88	Notification	11/23/2014	John Doe	Internship process started.
88	Notification	11/23/2014	DADS Staff1	Education requirements have been approved.
88	Notification	11/23/2014	DADS Staff1	Criminal history report has been received and approved.
88	Notification	11/23/2014	DADS Staff1	New application is under review.

NFA-007 Release Version 1.0.2 (\*) indicates required fields

## 5. Helpful links

Helpful links are displayed at the bottom of the left side menu bar. Information needed to complete an application may be found through these links.



## Functional Processes

### 1. Login to the NFA Application

To log in to the system, log in credentials (Username and Password) are required.

- a) An existing User of the NFA Application
  1. Click the “Log In” button on the left side menu bar.
  2. Enter your Username and Password in the fields provided and click the “Log In” button.
  3. You will be logged in to the NFA Licensing system.

**Note: Screen number (NFA-004) may be needed if requesting help from DADS NFA Staff. Every screen in the application has a specific page number.**

1

2



b) Existing User: Forgot Username/Password

1. Click the “Log In” button on the left side menu bar.
2. Click the “Forgot username/Password?” link on the Log In screen.
3. You will be redirected to the “Forgot Username or Password” screen.

Nursing Facility Administrator Licensing System

TEXAS  
Department of Aging  
and Disability Services

NFA Licensing System > Login Help Manual Zoom In Zoom Out

Home Search Log In Helpful Links

Nursing Facility Administrator Program  
National Administrator Board  
Department of Public Safety  
Department of Aging and Disability  
Services  
Health and Human Services  
Commission  
Employee Misconduct Registry  
Registered Exams  
Topics for 2 Domains of the NAB

Log In

Enter username and password

Enter Your Credentials

Username  
Enter Username

Password  
Enter Password

[Forgot Username/Password?](#)  
[Initial Registration](#)

Log In

NFA-004 Release Version 1.4.0.0 (\*) indicates required fields

1

2

3. On the screen below, there are various verification method options to recover your password

Nursing Facility Administrator Licensing System

TEXAS Department of Aging and Disability Services

NFA Licensing System > Forgot Username or Password

Home Search Log In Helpful Links

Nursing Facility Administrator Program  
National Administrator Board  
Department of Public Safety  
Department of Aging and Disability Services  
Health and Human Services  
Commission  
Employee Misconduct Registry  
Register for Exams  
Topics for 5 Domains of the NAB

**Forgot Username or Password**

If you forgot your username or password please enter the required information below

**Enter Your Credentials**

Please take a moment to verify your identity by selecting your verification method and answering the following questions.

Select your desired option ☒ Forgot Password ☐ Forgot Username

Select your verification method ☒ NFA License Number and Date of Birth ☐ Username and Primary E-mail Address

NFA License Number

Date of Birth

Enter NFA License Number

mm/dd/yyyy

Reset

NFA-005 Release Version 1.4.0.0 (\*) indicates required fields

#### Forgot Password Option:

1. Select "Forgot Password" under your desired option.
2. Using the verification method "NFA License Number and Date of Birth".
  - a. Fill in NFA License Number and Date of Birth in the appropriate format and click the "Reset" button.
  - b. You will receive an e-mail at your registered e-mail address similar to the e-mail below. You may need to look for it in your "Junk E-mail" folder.

Your DADS NFA account has been reset. Your User ID is  You can reactivate your account by copying and pasting the following link into a FireFox URL bar.  
<https://dadsnfa.imageapi.com/dadsnfa/Account/changepassword?>

- c. Follow the instructions in the e-mail to complete the reset process.
- d. You will be redirected to the "Change Password" screen.
- e. Fill in the fields "New Password" and "Confirm New Password" and click the "Save" button to complete the process.

**Change Password**

If you need to change your password please enter the required information below

New Password

Confirm New Password

Enter New Password

Enter Confirm New Password

Password should not be less than 8 characters. It should also have an upper case letter, a lower case letter, a number and a non-alphanumeric character (for example, #, &, \$, etc.)

Save Cancel

NFA-006 Release Version 1.4.0.0 (\*) indicates required fields

3. Using the verification method “Username and Primary E-mail Address”.
  - a. Fill in the Username and Primary E-mail Address fields and click the “Reset” button.

Forgot Username or Password

If you forgot your username or password please enter the required information below

**Enter Your Credentials**

Please take a moment to verify your identity by selecting your verification method and answering the following questions.

Select your desired option ☒ Forgot Password ☐ Forgot Username

Select your verification method ☐ NFA License Number and Date of Birth ☒ Username and Primary E-mail Address

Username  
Enter Username \*

Primary E-mail Address  
abc@xyz.com \*

Reset

NFA-005 Release Version 1.4.4.0 (\*) indicates required fields

- a. You will receive an e-mail at your registered e-mail address similar to the e-mail below. You may need to look for it in your “Junk E-mail” folder.

Your DADS NFA account has been reset. Your User ID is [redacted] You can reactivate your account\* by copying and pasting the following link into a FireFox URL bar.  
<https://dadsnfa.imageapi.com/dadsnfa/Account/changepassword?>

- b. Follow the instructions in the e-mail to complete the reset process.
  - c. You will be redirected to the “Change Password” screen.
  - d. Fill in the “New Password” and “Confirm New Password” fields and click the “Save” button to complete the process.

Change Password

If you need to change your password please enter the required information below

New Password  
Enter New Password \*

Confirm New Password  
Enter Confirm New Password \*

Password should not be less than 8 characters. It should also have an upper case letter, a lower case letter, a number and a non-alphanumeric character (for example, #, &, \$, etc.)

Save Cancel

NFA-006 Release Version 1.4.4.0 (\*) indicates required fields

### Forgot Username:

1. Select "Forgot Username" under your desired option.
2. Fill in your "Social Security Number", "Date of Birth", and primary "E-mail Address" and click the "Send Email" button.

If you forgot your username or password please enter the required information below

### Forgot Username or Password

#### Enter Your Credentials

Please take a moment to verify your identity by selecting your verification method and answering the following questions.

Select your desired option ☐ Forgot Password ☒ **Forgot Username**

Social Security Number  \*

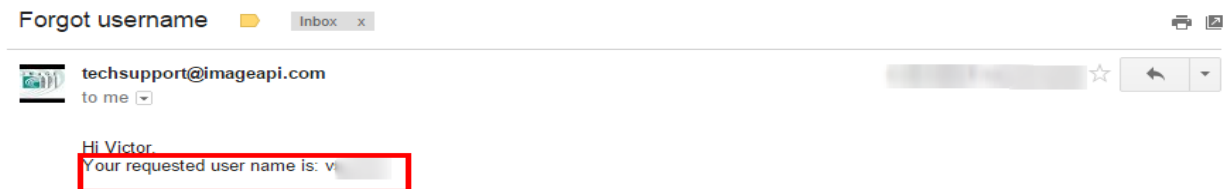
Date of Birth  
(Select the month first, then the year, followed by the date or enter the entire date manually)  
 \*

E-mail Address  \*

**Send Email**

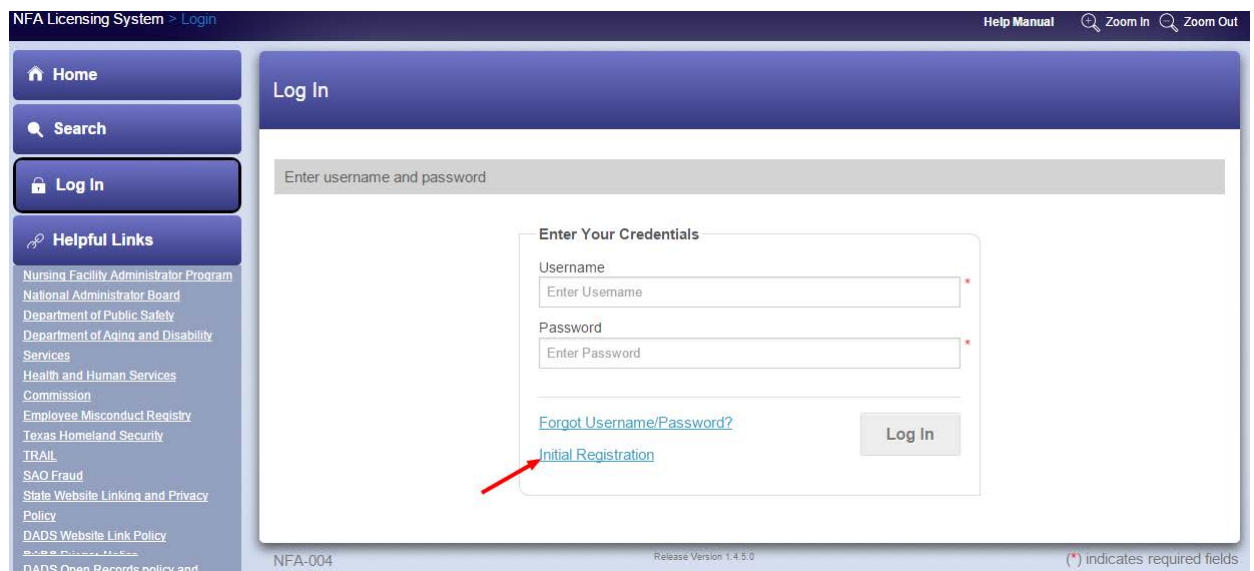
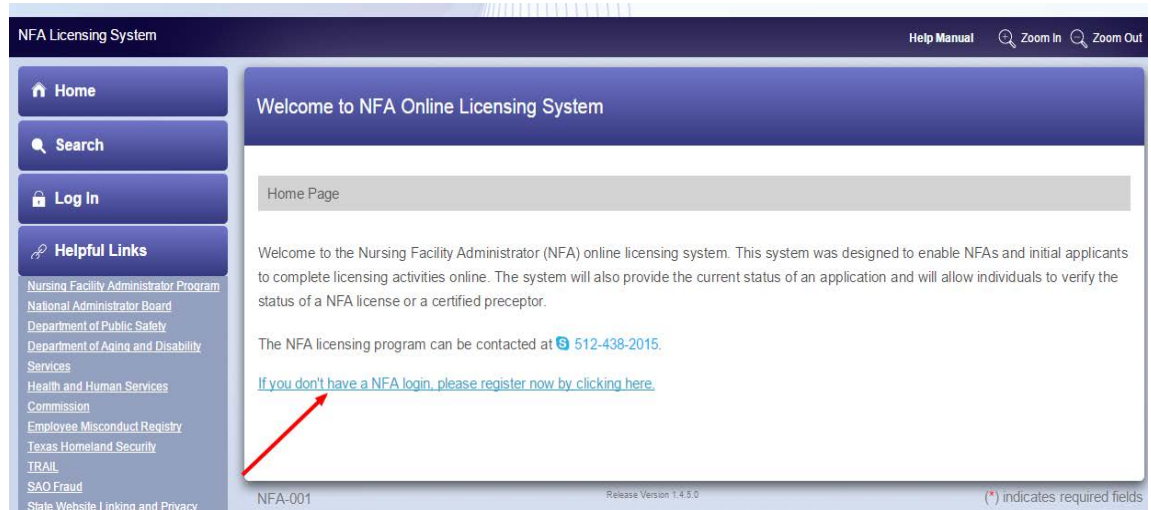
NFA-005 Release Version 1.4.4.0 (\*) indicates required fields

3. You will receive the following e-mail at your registered e-mail address. The e-mail will contain your Username. You may need to look for it in your "Junk E-mail" folder.

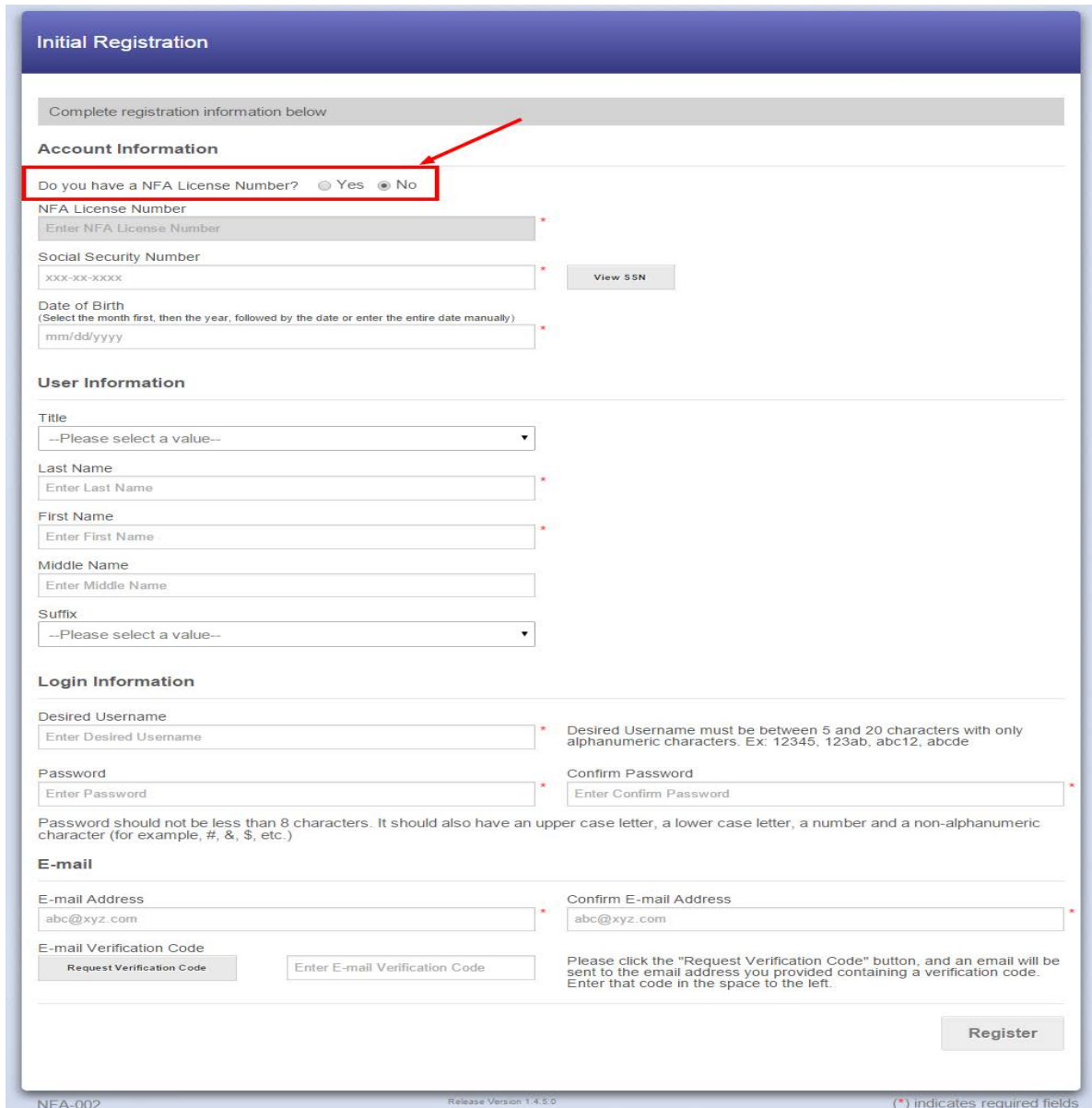


c) Initial Registration – New User of NFA Application

1. Click the “If you don’t have an NFA login, please register now by clicking here” link on the Home page or on the Log In page as marked below.



1. On the Initial Registration screen, enter the appropriate answer to the question “Do you have an NFA License Number?”
  - a) Click “Yes” if you already have an existing NFA License number.
  - b) Click “No” if you do not have an existing NFA License number.
2. Complete all required fields (marked by an \*) and click “Register” at the bottom of the page.



**Initial Registration**

Complete registration information below

**Account Information**

Do you have an NFA License Number? ☐ Yes ☒ No

NFA License Number  
Enter NFA License Number \*

Social Security Number  
xxx-xx-xxxx \* [View SSN](#)

Date of Birth  
(Select the month first, then the year, followed by the date or enter the entire date manually)  
mm/dd/yyyy \*

**User Information**

Title  
--Please select a value--

Last Name  
Enter Last Name \*

First Name  
Enter First Name \*

Middle Name  
Enter Middle Name

Suffix  
--Please select a value--

**Login Information**

Desired Username  
Enter Desired Username \* Desired Username must be between 5 and 20 characters with only alphanumeric characters. Ex: 12345, 123ab, abc12, abcde

Password  
Enter Password \* Confirm Password  
Enter Confirm Password \*

Password should not be less than 8 characters. It should also have an upper case letter, a lower case letter, a number and a non-alphanumeric character (for example, #, &, \$, etc.)

**E-mail**

E-mail Address  
abc@xyz.com \* Confirm E-mail Address  
abc@xyz.com \*

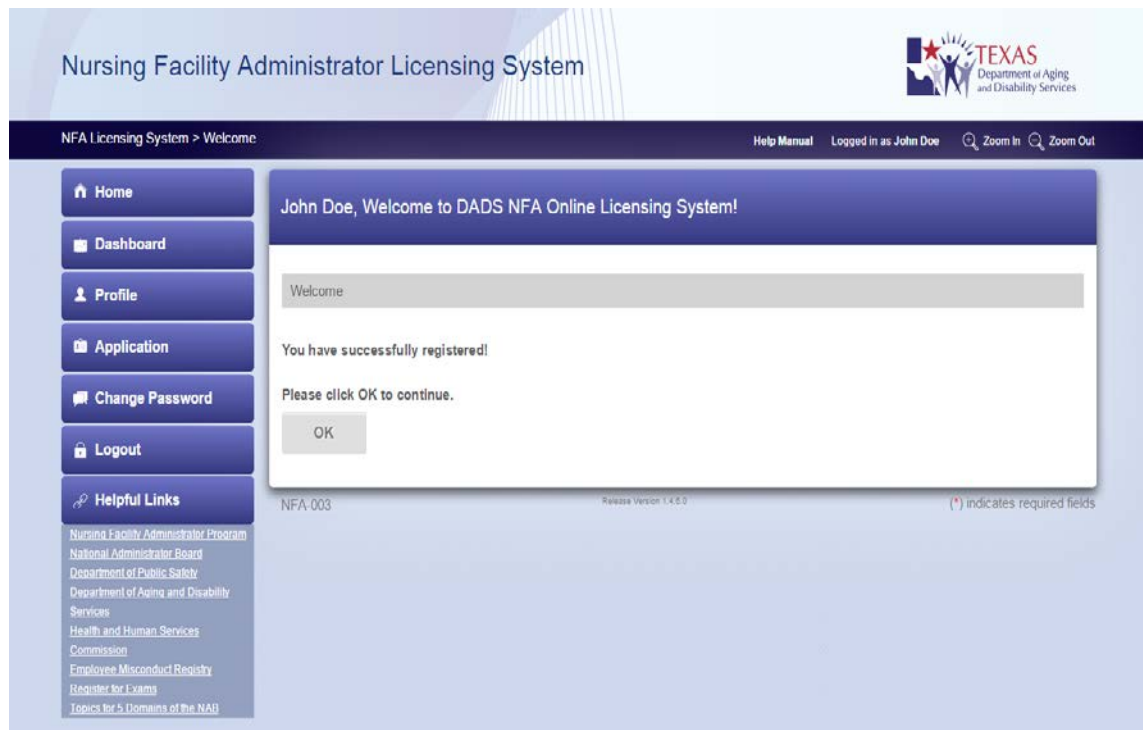
E-mail Verification Code  
[Request Verification Code](#) Enter E-mail Verification Code

Please click the "Request Verification Code" button, and an email will be sent to the email address you provided containing a verification code. Enter that code in the space to the left.

[Register](#)

NFA-002 Release Version 1.4.5.9 (\*) indicates required fields

3. You will then be directed to the NFA Home Page for further action.

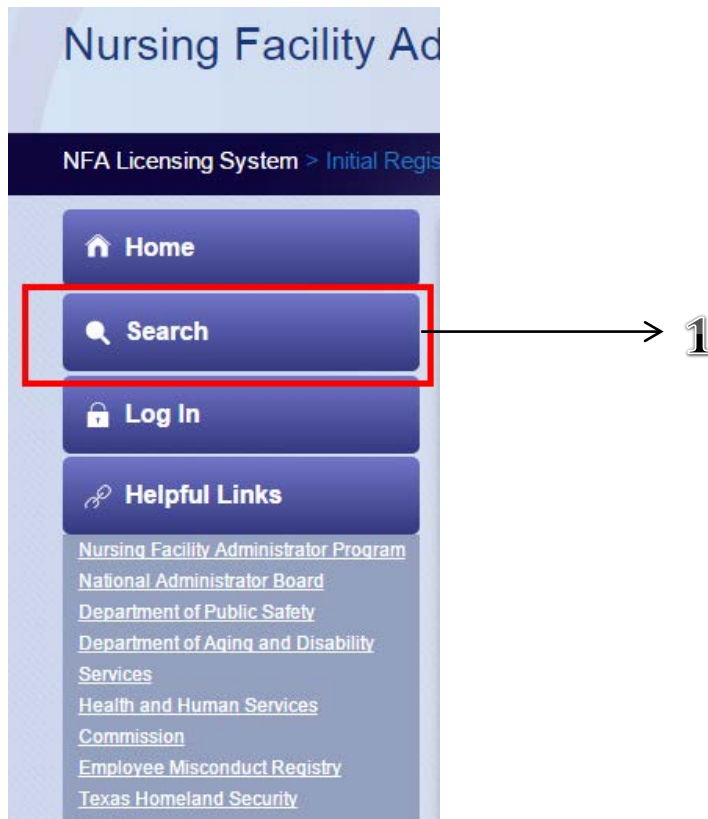




## 2. Public search

This section is used to search the status of any licensed NFA. This feature is available without a login.

1. Click the “Search” button on the left side menu bar.



2. The user will be redirected to the Public Search screen.

A screenshot of the 'Public Search' screen. The page has a blue header with the text 'Public Search'. Below the header is a search bar with the placeholder text 'Search by Name, NFA Number, Employer or City'. Under the search bar is a section titled 'Search' containing several input fields: 'Last Name' (with placeholder 'Enter Last Name'), 'First Name' (with placeholder 'Enter First Name'), 'NFA License Number' (with placeholder 'Enter NFA License Number'), 'Employer Name' (with placeholder 'Enter Employer Name'), 'City' (with placeholder 'Enter City'), and a checkbox labeled 'Preceptor'. To the right of these fields is a 'Vendor/Facility Name' field with placeholder 'Enter Vendor/Facility Name'. At the bottom right of the search section are two buttons: 'Search' and 'Clear'. At the bottom left of the page is a label 'Result'. At the bottom right is a dropdown menu with the text '--Please select a value--' and a 'Download' button.



3. The user may input the desired search parameters in the provided fields and click the “Search” button to receive results.
4. The results will be displayed at the bottom of the screen and may be downloaded as a PDF or an Excel file using the “Download” button.

## Public Search

Search by Name, NFA Number, Employer or City

### Search

Last Name

smith

First Name

Enter First Name

NFA License Number

Enter NFA License Number

☐ Preceptor

Employer Name

Enter Employer Name

Vendor/Facility Name

Enter Vendor/Facility Name

City

Enter City

Search

Clear

### Result

Download as PDF

Download

Last Name	First Name	NFA License Number	Issue Date of Current License	Expiration Date of Current License	Initial Licensure Date	Current License Status	Preceptor Status	City
Smith-Adkins	Smith-Adkins	8823	08/03/1999	08/03/2001	08/03/1999	Expired	N	Pantego
Smith	Smith	2934	06/30/1992	06/30/1994	01/01/1977	Revoked	N	Newton
Smith	Smith	10062	12/08/2010	12/08/2012	12/08/2010	Revoked	N	Midland
Cline Smith	Cline Smith	8524	08/26/2003	08/26/2005	08/26/1997	Revoked	N	Carlsbad
Smith	Smith	9544	10/31/2012	10/31/2014	10/31/2006	Active	Y	New Braunfels
Smith	Smith	9523	09/27/2014	03/27/2015	09/27/2006	Active	N	New Braunfels
Smith	Smith	6696	06/13/1995	06/13/1997	06/13/1991	Revoked	N	Lewisville
Smith	Smith	6799	12/09/1991	12/09/1993	12/09/1991	Revoked	N	Arlington
Tabler-Smith	Tabler-Smith	10518	09/04/2013	09/04/2015	09/04/2013	Active	N	Wharton
Smith	Smith	9047	07/28/2014	07/28/2016	07/11/2002	Active	N	Crossett
Smith	Smith	10018	09/30/2013	09/30/2015	09/30/2010	Active	Y	Lake Charles
Smith	Smith	7698	05/20/2006	05/20/2008	05/20/1996	Expired	N	Lake Charles
Smith	Smith	3863	10/02/1986	10/02/1988	01/01/1977	Revoked	N	Zwolle
Smith	Smith	7865	12/06/2012	12/06/2014	12/05/1996	Active	N	Edgewood
Smith	Smith	3100	06/30/1996	06/30/1998	07/01/1975	Expired	N	Republic
Smith	Smith	9524	05/24/2012	05/24/2014	05/24/2006	Expired 2	N	Laredo
Smith	Smith	7110	05/11/2007	05/11/2009	05/11/1993	Revoked	N	San Marcos
Smith	Smith	4947	12/21/1992	12/21/1994	03/30/1982	Revoked	N	Baytown
Smith	Smith	6199	01/13/1997	01/13/1999	06/17/1988	Expired	N	Indianapolis
Smith	Smith	1609	06/30/2000	06/30/2002	07/01/1971	Revoked	N	Silsbee
Smith	Smith	7645	09/28/2013	09/28/2015	09/28/1995	Active	N	Cibolo
Smith	Smith	6313	04/06/2014	04/06/2016	04/06/1990	Active	N	Fredericksburg
Smith	Smith	7578	06/14/2013	06/14/2015	06/14/1995	Active	N	Amarillo
Smith	Smith	3219	06/30/1986	06/30/1988	01/01/1975	Revoked	N	Langston
Smith	Smith	9338	08/06/2012	08/06/2014	08/06/2004	Expired 1	N	Commerce

Page 1 of 3

Show Per Page : 25

1 2 3 »

NFA-073

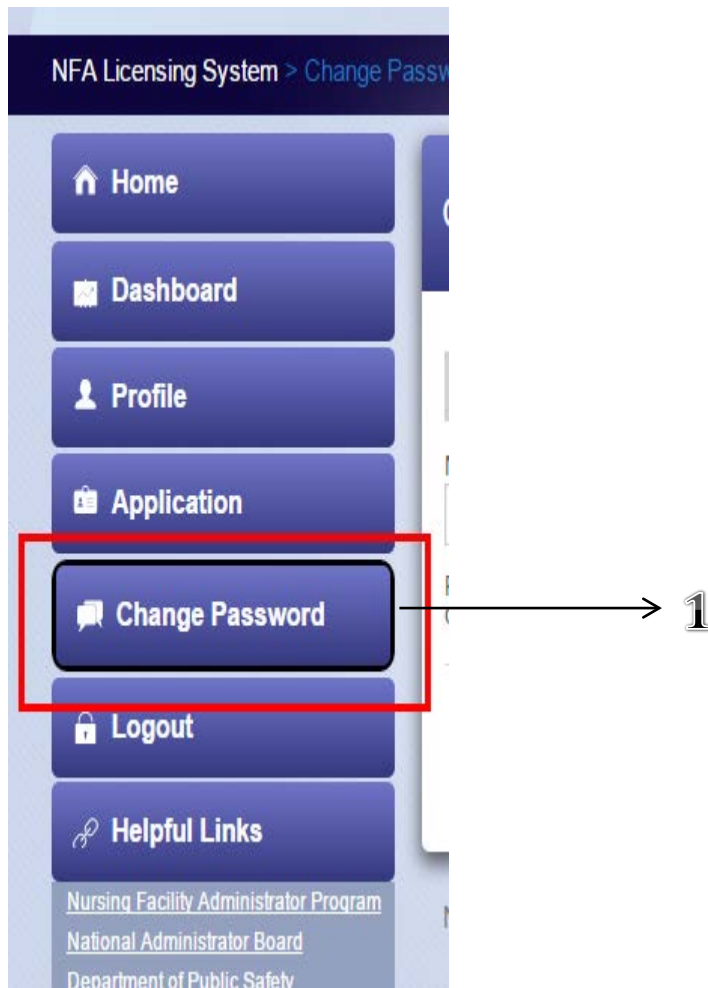
Release Version 1.4.5.0

(\*) indicates required fields

### 3. Change password

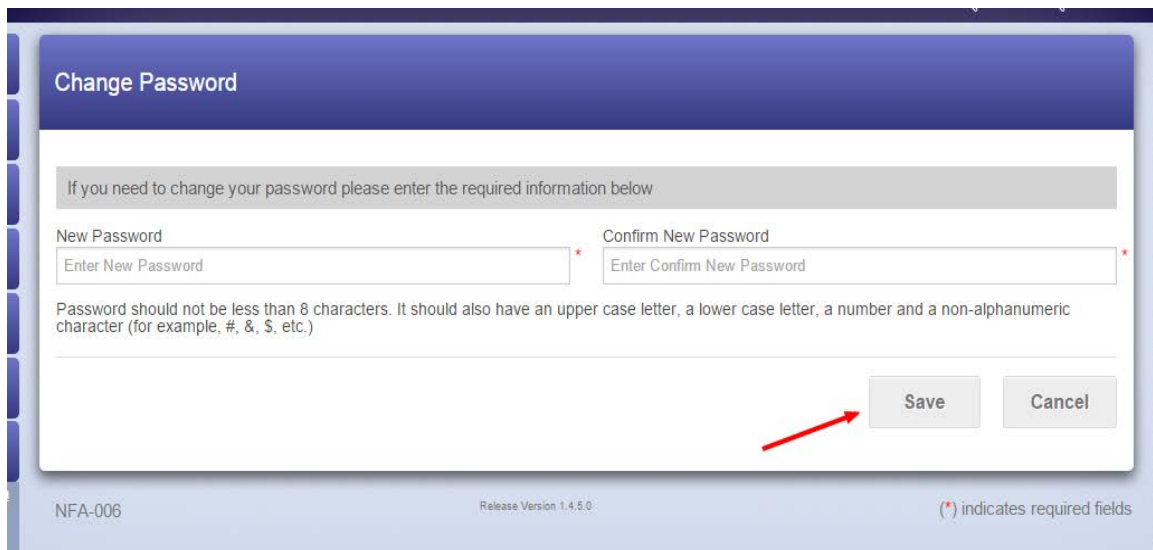
The user may change his/her password at any time using the Change Password feature.

1. Click the “Change Password” button on the left side menu bar.



2. The system will redirect you to the change password screen.

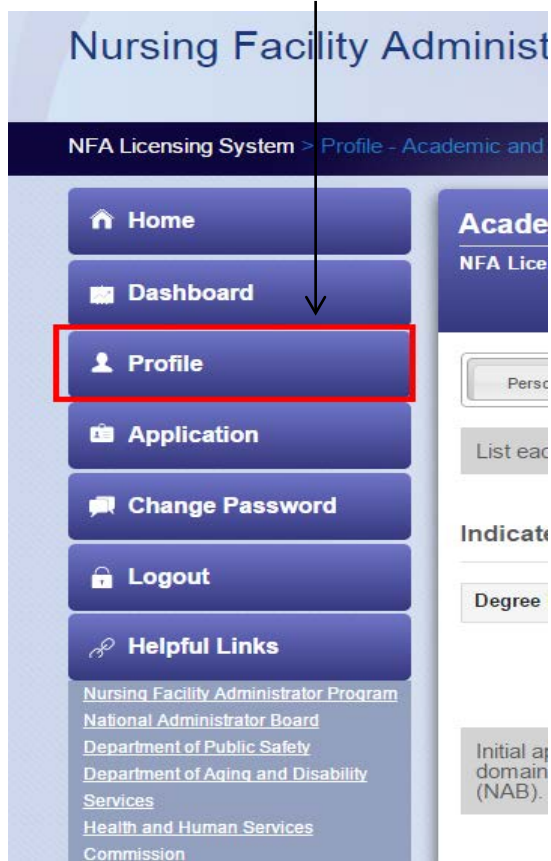
3. Enter your “New Password” and “Confirm New Password” then click the “Save” button.
4. Your new password will be stored for future use.



The image shows a 'Change Password' form with a blue header. Below the header, a grey box contains the text: 'If you need to change your password please enter the required information below'. There are two input fields: 'New Password' and 'Confirm New Password', both with red asterisks indicating they are required. Below the fields, a note states: 'Password should not be less than 8 characters. It should also have an upper case letter, a lower case letter, a number and a non-alphanumeric character (for example, #, &, \$, etc.)'. At the bottom right, there are 'Save' and 'Cancel' buttons. A red arrow points to the 'Save' button. The footer includes 'NFA-006', 'Release Version 1.4.5.0', and a note that '(\*) indicates required fields'.

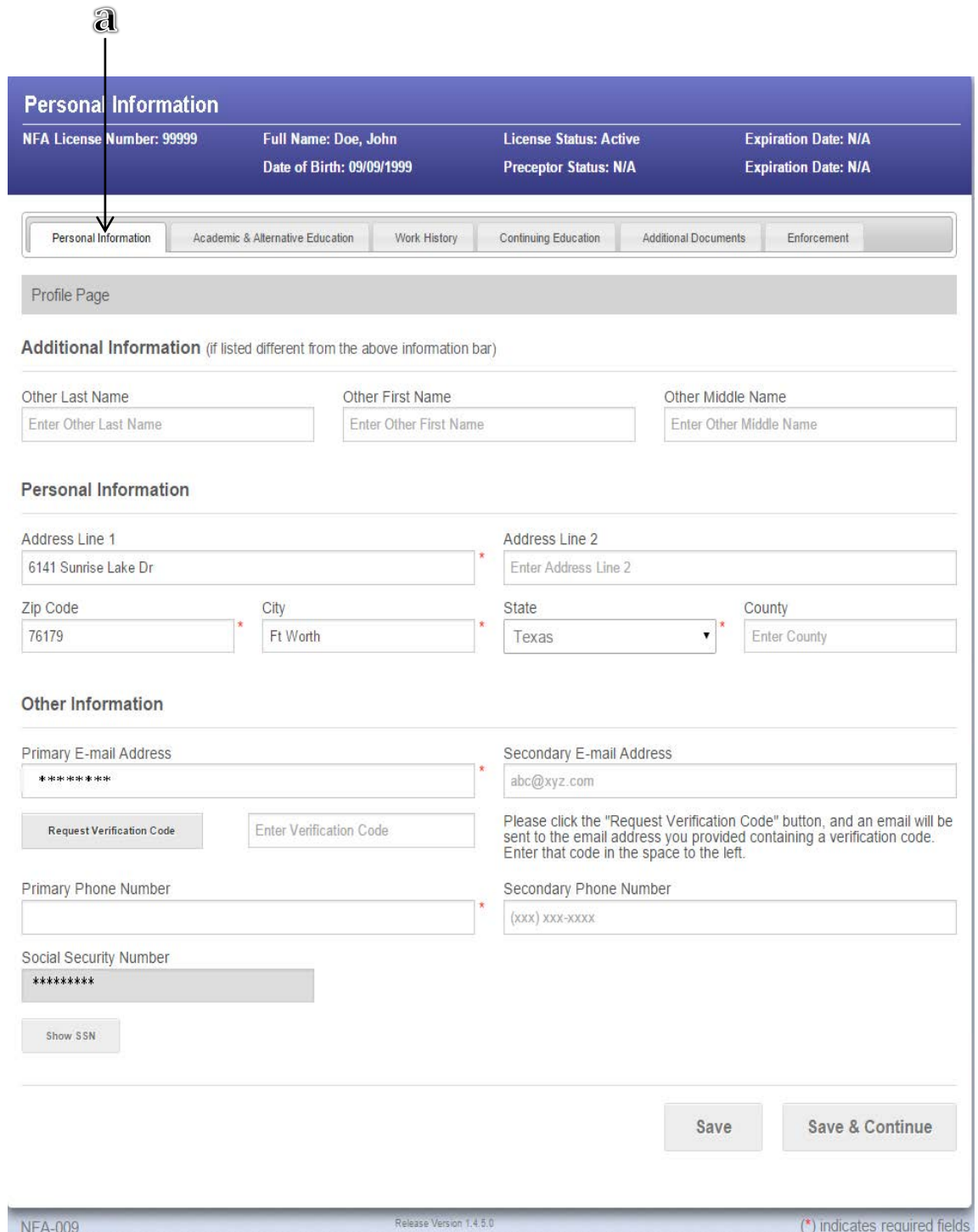
#### 4. Profile

Any personal information related to the user will be centrally stored in the profile area. Click the “Profile” button, on the left side menu bar, to see your current profile/Personal Information.



### a. Personal information

The Personal Information section must be completed in order to complete an application. This screen is designed to record the user's full address, e-mail address and other contact information, which would be required for the DADS NFA Staff personal to contact a user. All the information on this screen is at the user's disposal for editing. All the fields displaying an asterisks (\*) are required fields.



**Personal Information**

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Personal Information | Academic & Alternative Education | Work History | Continuing Education | Additional Documents | Enforcement

Profile Page

**Additional Information** (if listed different from the above information bar)

Other Last Name: Enter Other Last Name | Other First Name: Enter Other First Name | Other Middle Name: Enter Other Middle Name

**Personal Information**

Address Line 1: 6141 Sunrise Lake Dr \* | Address Line 2: Enter Address Line 2

Zip Code: 76179 \* | City: Ft Worth \* | State: Texas \* | County: Enter County

**Other Information**

Primary E-mail Address: \*\*\*\*\* \* | Secondary E-mail Address: abc@xyz.com

Request Verification Code | Enter Verification Code

Please click the "Request Verification Code" button, and an email will be sent to the email address you provided containing a verification code. Enter that code in the space to the left.

Primary Phone Number: \* | Secondary Phone Number: (xxx) xxx-xxxx

Social Security Number: \*\*\*\*\*

Show SSN

Save | Save & Continue

NFA-009 | Release Version 1.4.5.0 | (\*) indicates required fields

## b. Academic & Alternative Education

Click the “Academic & Alternative Education” tab on the top of the page. This section facilitates filling in academic and alternative education information. This information is required to complete the initial application.

1. Applicants seeking licensure must meet the following academic requirements:
  - a. Have a Master’s Degree in Health Administration, Health Services Administration, Health Care Administration, or Nursing, which includes coursework that encompasses the five domains of the NFA, with one year of management experience and completion of a 500-hour internship; or
  - b. Have a Baccalaureate Degree in Health Administration, Health Services Administration, Health Care Administration, or Nursing, which includes coursework that encompasses the five domains of the NAB, with three years of management experience and completions of a 500-hour internship; and
  - c. Complete a minimum of 15 semester credit hours in Long Term Care Administration, or its equivalent, that includes courses in the following domains of the NAB:
    - a. Resident care and quality of life;
    - b. Human resources;
    - c. Finance;
    - d. Physical environment and atmosphere; and
    - e. Leadership and management.
2. DADS accepts degrees from foreign universities and coursework counted as transfer credit by accredited universities recognized by the American Association of Collegiate Registrars and Admissions Officers.
3. For each degree added in the system the user/applicant is required to submit (by mail) an official transcript to the DADS NFA Licensing Staff.

**Academic and Alternative Education**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Personal Information    **Academic & Alternative Education**    Work History    Continuing Education    Additional Documents    Enforcement

List each degree you have earned below. You are required to submit official transcripts to the NFA licensing program.

**Indicate Degree(s) You Hold**

Degree Name	Level	University	Year Of Completion	Status	Delete
					<b>Add</b>

Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links.

**Academic and Alternative Education Requirements**

Domain	Course Number	Course Name	University Name	Status	Delete
					<b>Add</b>

**Continue**

NFA-010      Release Version 1.4.3.0      (\*) indicates required fields

4. Adding a Degree
  - a. To add a new degree, click the “Add” button. The user will be redirected to the Add/Edit Degree page.
  - b. Fill in all the information and click the “Save” button.

**Degree**

NFA License Number: 99999    Full Name: Doe, John    License Status: Active    Expiration Date: N/A  
 Date of Birth: 09/09/1999    Preceptor Status: N/A    Expiration Date: N/A

Personal Information    Academic & Alternative Education    Work History    Continuing Education    Additional Documents    Enforcement

Degree Profile

**Add/Edit Degree**

Degree: --Please select a value-- \*    Level: --Please select a value-- \*

University: Enter University \*    Year of Completion: yyyy \*

Save    Cancel

NFA-011    Release Version 1.4.5.0    (\*) indicates required fields

5. Adding Academic and Alternative Education
6. To add new academic and alternative education, click the “Add” button. The user will be redirected to the Add/Edit screen.

**Academic and Alternative Education**

NFA License Number: 99999    Full Name: Doe, John    License Status: Active    Expiration Date: N/A  
 Date of Birth: 09/09/1999    Preceptor Status: N/A    Expiration Date: N/A

Personal Information    Academic & Alternative Education    Work History    Continuing Education    Additional Documents    Enforcement

List each degree you have earned below. You are required to submit official transcripts to the NFA licensing program.

**Indicate Degree(s) You Hold**

Degree Name	Level	University	Year Of Completion	Status	Delete
Add					

Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links.

**Academic and Alternative Education Requirements**

Domain	Course Number	Course Name	University Name	Status	Delete
Add					

Continue

NFA-010    Release Version 1.4.5.0    (\*) indicates required fields

- a. Fill in all the required information and upload the course description.
- b. Click the “Save” button at the bottom of the page to successfully add your Alternative Education.

**Alternative Education**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
 Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Personal Information    Academic & Alternative Education    Work History    Continuing Education    Additional Documents    Enforcement

All Academic & Alternative Education must be reviewed by NFA licensing staff. In order for staff to review your course to meet domain requirements you must upload a course description. Click on the browse button below to upload a copy of the course description. For topics that meet the 5 Domains, see Helpful Links.

**Add/Edit Alternative Education**

Domain: --Please select a value-- \*      Course Number: Enter Course Number \*

Course Name: Enter Course Name \*      University: Enter University \*

Course Description: Choose File No file chosen \*

Save    Cancel

NFA-012      Release Version 1.4.3.0      (\*) indicates required fields

7. All the degrees and alternative education added will be seen on screen NFA-010 as shown below. The Status column will describe the status of any degree or alternative education that has been added and is approved or not approved by the DADS NFA Staff.
8. “Open” status means the added degree/alternative education added is still under review.
9. “Approved” status means the added degree/alternative education added has been approved by the staff.
10. “Rejected” status means the added degree/alternative education added has been rejected by the staff.



## Academic and Alternative Education

NFA License Number: 99999
Full Name: Doe, John
License Status: Active
Expiration Date: N/A

Date of Birth: 09/09/1999
Preceptor Status: N/A
Expiration Date: N/A

Personal Information
Academic & Alternative Education
Work History
Continuing Education
Additional Documents
Enforcement

List each degree you have earned below. You are required to submit official transcripts to the NFA licensing program.

**Indicate Degree(s) You Hold**

Degree Name	Level	University	Year Of Completion	Status	Delete
<a href="#">Health Administration</a>	Associate	University of Texas	1999	Open	

Add

Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links.

**Academic and Alternative Education Requirements**

Domain	Course Number	Course Name	University Name	Status	Delete
<a href="#">Resident Care</a>	RC-1200	Resident Care Level 1	The University of Texas	Open	

Add

Continue

NFA-010
Release Version 1.4.5.0
(\*) indicates required fields

### c. Work history

This section facilitates adding the users related work history.

- Click the “Work History” tab and the system will redirect you to the work history screen.
- This screen displays any work history previously entered.

## Work History

NFA License Number: 99999
Full Name: Doe, John
License Status: Active
Expiration Date: N/A

Date of Birth: 09/09/1999
Preceptor Status: N/A
Expiration Date: N/A

Personal Information
Academic & Alternative Education
**Work History**
Continuing Education
Additional Documents
Enforcement

Employment History Profile

### Employment History

Employer	City	Employment Start Date	Employment End Date	Job Title	Worked as an NFA
<a href="#">HOLLY HALL</a>	Houston	10/01/2014	Current	NFA	Yes

Add
Continue

NFA-013
Release Version 1.4.5.0
(\*) indicates required fields

- c. To edit previously entered work history, click the name in the Employer field (Ex. Holly ....).
- d. To add a new work history, click the “Add” button. The user will be redirected to the Work History detail screen.

- e. Fill in all the required fields on this screen to complete the Work History Profile detail.

**Work History**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Personal Information    Academic & Alternative Education    **Work History**    Continuing Education    Additional Documents    Enforcement

Work History Profile

**Employer Information**

DADS Vendor/Facility Id (If Applicable)  
Enter DADS Vendor/Facility Id

Vendor/Facility Name

**Use this Vendor** Put the DADS Vendor/Facility Id in the above field and then click "Use this Vendor" button to auto fill the data.

Employer Name \*  
Enter Employer Name

Business Type Code \*  
--Please select a value--

Phone Number \*  
(xxx) xxx-xxxx

Is this your current occupation? ☐ Yes ☒ No

Employment Start Date \*  
(Select the month first, then the year, followed by the date or enter the entire date manually)  
mm/dd/yyyy

Employment End Date \*  
(Select the month first, then the year, followed by the date or enter the entire date manually)  
mm/dd/yyyy

Job Title \*  
Enter Job Title

Are/Were you a Nursing Facility Administrator here? ☐ Yes ☒ No

NFA Start Date (mm/dd/yyyy) \*  
(Select the month first, then the year, followed by the date or enter the entire date manually)  
mm/dd/yyyy

NFA End Date (mm/dd/yyyy) \*  
(Select the month first, then the year, followed by the date or enter the entire date manually)  
mm/dd/yyyy

**Mailing Address**

Address Line 1 \*  
Enter Mailing Address Line 1

Address Line 2  
Enter Mailing Address Line 2

Zip Code \*  
Enter Mailing Zip

City \*  
Enter Mailing City

State \*  
--Please select a value--

County  
Enter Mailing County

**Physical Address** [Click here if physical address is same as mailing address](#)

Address Line 1 \*  
Enter Physical Address Line 1

Address Line 2  
Enter Physical Address Line 2

Zip Code \*  
Enter Physical Zip

City \*  
Enter Physical City

State \*  
--Please select a value--

County  
Enter Physical County

**Save** **Cancel**

NFA-014      Release Version 1.4.5.0      (\*) indicates required fields

- f. The user may fill in as much work history as needed.
- g. The user may fill in the "DADS Vendor/Facility ID" and click the "Use this Vendor" button to auto populate related fields.

- h. The user may select “Click here if physical address is same as mailing address” to copy mailing addresses to physical addresses.
- i. Click the “Save” button at the bottom to save the work history.

#### **d. Continuing education**

Continuing education is required by a few applications in the system, such as renewal applications and for sanctions under enforcement.

##### **License Renewal**

1. The 40 clock hours of continuing education that are required for license renewal must:
  - a. be completed during the previous two-year licensure period;
  - b. include one or more of the five domains of the NAB listed in §18.11 (relating to Academic Requirements);
  - c. include at least six clock hours in ethics; and
  - d. be:
    1. Approved by the National Continuing Education Review Service;
    2. A DADS-sponsored event; or
    3. An upper-division semester credit course taken or taught at a post-secondary institution of higher education accredited by an association recognized by the Texas Higher Education Coordinating Board.
2. DADS accepts no more than 34 clock hours of NAB-approved self-study courses toward the required 40 clock hours of continuing education.
3. DADS waives, at a maximum, 20 of the 40 clock hours of continuing education to a licensee who completes one three-semester hour upper-division course taken at a post-secondary institution of higher education.
4. DADS NFA Staff approves continuing education hours once per licensure renewal period for the same course, seminar, workshop, or program.
5. DADS NFA Staff waives 20 of the required 40 clock hours of continuing education for preceptors who sponsor an AIT.
6. DADS may perform an audit of continuing education courses, seminars, or workshops that the licensee has reported by requesting certificates of attendance.
7. If a licensee is on deployed military duty, the deadline to meet continuing education requirements is extended based on the actual duration of the deployment up to two years.
  - a. A licensee must submit a copy of the military orders to DADS within 60 days of completion of deployed duty.
  - b. If continuing education requirements for licensure renewal are not met by the extension deadline, the licensee must:
    1. Meet the licensure application and examination requirements for an initial license; or
    2. Prior to the extension deadline, place the license in a formal inactive status in accordance with Inactive Status requirements.

## Adding a CEU

1. Click the “Continuing Education” tab to redirect the system to the continuing education screen.

**Continuing Education**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Personal Information    Academic & Alternative Education    Work History    **Continuing Education**    Additional Documents    Enforcement

Continuing Education Profile

CEU History

NAB DADS Course	NAB Number	Course Name	Total CEUs Awarded	CEUs for Ethics	Sponsor Name	Date Completed	Status	Enforcement	Delete
<a href="#">NAB</a>	Ethics-1101	test	20	5	DADS	10/14/2014	Open	No	

NFA-015      Release Version 1.4.5.0      (\*) indicates required fields

2. This screen will display any previously entered continuing education.
3. The Status column will describe if any CEU added is approved by the DADS NFA Staff or not.
  - a. “Open” status means the CEU added is still under review.
  - b. “Approved” status means the CEU added has been approved by the staff.
  - c. “Rejected” status means the CEU added has been rejected by the staff.
4. To edit already entered continuing education, click the “NAB” link under the column NAB/DADS Course (Ex. NAB; as shown in the screenshot).
5. The Enforcement column displays if the entered CEU is for the renewal application or for sanctions under enforcement.
  - a. “No” describes a renewal application
  - b. “Yes” describes sanctions under enforcement
6. To add a new CEU click the “Add” button. The system will be redirected to the Continuing Education detail screen.

## Continuing Education

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Personal Information
Academic & Alternative Education
Work History
Continuing Education
Additional Documents
Enforcement

List all continuing education below and upload transcript

### Add/Edit Continuing Education

Continuing Education Course Code  
--Please select a value--

Course Name  
Enter Course Name

Total Number of CEUs Awarded  
Enter Total Number of CEUs Awarded

Number of CEUs Awarded Toward Ethics CEU (Out of Total)  
0

Sponsor Name  
Enter Sponsor Name

Date Completed  
(Select the month first, then the year, followed by the date or enter the entire date manually)  
mm/dd/yyyy

Is this CEU for Enforcement Compliance?
☐ Yes
☐ No

Save

Cancel

NFA-016
Release Version 1.4.5.0
(\*) indicates required fields

- Fill in all the required fields on this screen to complete the CEU detail.
- Select either the "Yes" or "No" option as required to reflect whether the CEU is for Enforcement Compliance.
- Click the "Save" button to complete the CEU entry.

#### e. Additional documents

All additional documents submitted by an applicant via mail to DADS NFA Staff will be reflected on the “Additional Documents” tab.

**Additional Documents**

NFA License Number: 99999

Full Name: Doe, John

License Status: Active

Expiration Date: N/A

Date of Birth: 09/09/1999

Preceptor Status: N/A

Expiration Date: N/A

Personal Information

Academic & Alternative Education

Work History

Continuing Education

Additional Documents

Enforcement

Add additional documents below

**Additional Documents**

Name	Document Type	Document Date	Status
Marriage Certificate	Other	10/04/2014	Rejected
Criminal History	Criminal History	10/01/2014	Approved

Continue

NFA-017

Release Version 1.4.5.0

(\*) indicates required fields

1. The “Additional Documents” screen will display all the documents uploaded by the DADS NFA Licensing Staff.
2. The Status column reflects if the uploaded document is approved or rejected by the DADS NFA Licensing Staff.

#### f. Enforcement

The DADS Professional Credentialing Enforcement Unit receives and investigates:

1. Referrals from the Regulatory Services Division Regional Staff to determine if an administrator's compliant with licensure requirements when survey findings cite deficiencies or substandard quality of care and
2. Complaints alleging an administrator violated one or more of the licensure rules.
3. The Enforcement tab under the Profile section will display any referrals filed against the licensee.

**Case Management**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Personal Information    Academic & Alternative Education    Work History    Continuing Education    Additional Documents    **Enforcement**

Enforcement Cases

**Cases**

Case ID	Case Number	Case Type	Status	Start Date
<a href="#">10</a> ←	1234	Referral	Open	10/30/2014

NFA-092      Release Version 1.4.5.0      (\*) indicates required fields

4. The Licensee may click the Case ID link to see the referrals in detail.
5. The system will redirect you to the Case Details page.



Case Details

NFA License Number: 99999

Full Name: Doe, John

License Status: Active

Expiration Date: N/A

Date of Birth: 09/09/1999

Preceptor Status: N/A

Expiration Date: N/A

Enforcement Case Details

Case Details

Case ID: 10

Case Number: 1234

Case Type: Referral

Case: Open

Start Date: 10/30/2014

Close Date: N/A

Committee Meeting

Set Committee Meeting Date

(Select the month first, then the year, followed by the date or enter the entire date manually)

12/31/2014

Sanctions

Recommendations	Quantity	Due Date	Date Completed
Administrative Penalty Fee	<a href="#">Pay \$100 Penalty Fee</a>	12/31/2014	--

Due Process

Due Process Type	Date Created
Informal Review - Not Requested	10/30/2014

Attachments

Name	Date	Delete
------	------	--------

Notification

Event	Comments	Date	User
Notification	Case due process has been added.	10/30/2014	DADS Staff3
Notification	Case recommendation has been added.	10/30/2014	DADS Staff3
Notification	Committee meeting date has been set.	10/30/2014	DADS Staff3

NFA-095

Release Version 1.4.5.0

(\*) indicates required fields

- This page will guide the licensee regarding how to proceed with the next step for the referral.
- The Licensee can view the committee meeting date.
- The Licensee can view any sanctions that have been asked to be completed.
- This page is a view only page and provides the status and the next step of his/her case/referral.

DADS NFA User Manual 6.7 32

## 5. Application

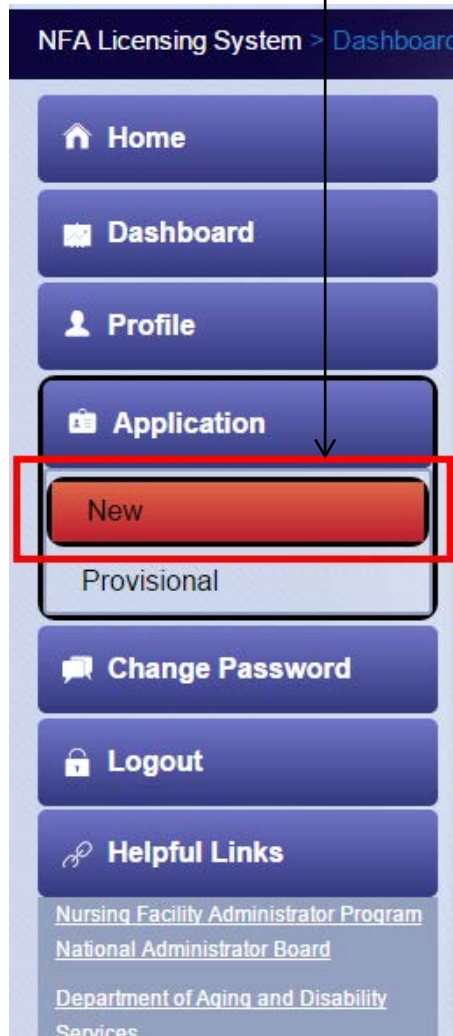
### a. New

DADS issues a license certificate to applicants who:

1. DADS may determine that a criminal conviction or a sanction taken against an applicant in Texas or another state is a basis for pending or denying an initial license.
2. A license expires two years from the date issued.
3. Licensees who do not notify DADS of a change in address or employment within the required 30 days may be subject to an administrative penalty as listed in §18.57 (relating to Schedule of Sanctions).

### Starting a New Application

1. To start the new application, click the “New” link under Applications on the left side menu bar.



2. The system will redirect you to the New Application start page.

## New Application

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Application Type: **New**

Acknowledge profile

☐ To the best of my knowledge, all the information provided under this profile is correct.

I understand that I must complete a fingerprint criminal history record with the Department of Public Safety. For information regarding this requirement, please see Helpful Links.

☐ Acknowledge Criminal History Message.

I understand that I must submit all official college transcripts needed in order to apply for a license.

☐ Acknowledge Education Transcript Message.

Start

NFA-021

Release Version 1.4.5.0

(\*) indicates required fields

3. An applicant must comply by acknowledging the correctness of the profile information, acknowledging the “Criminal History Message” and an Education Transcript Message in order to start the application.
4. After clicking the “Start” button, the new application will start and the system will be redirected to the “New Application Summary” page.

## Completing a New Application

### New Application Summary

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

New Application Summary, all items listed under requirements must be met

#### Application Details

Application ID: 169	Application Type: New	Application Status: Open
Application Date: 10/30/2014	Application Age: 0 Days	

#### Requirements

- ☐ [Personal Information](#)
- ☐ Application Fee
- ☐ Criminal History Report
- ☐ Education Transcripts
- ☐ Internship
- ☐ NAB Exam
- ☐ State Exam
- ☐ Initial License Fee

#### Notifications

Notification Type	Message	Date	User
Notification	New application started.	10/30/2014	Will Smith

NFA-022 Release Version 1.4.5.0 (\*) indicates required fields

5. The 8 requirements to complete this application are:
- Personal information:** if not checked, click it and you will be redirected to the “[Personal Information](#)” page. Fill in the required fields on that page to complete this requirement.
  - An application fee of \$100:** if not checked please refer to the [Payment section](#) in this manual regarding how to complete this requirement.
  - Criminal History Report:** this requirement will be checked as soon as DADS NFA Staff receive the report from DPS and approves it. The applicant is required to complete the criminal history requirement by requesting DPS to forward the report to DADS NFA Licensing Staff. Refer to the [Helpful links](#) section for more detail.
  - Education Transcripts:** applicants are required to complete the specific degree and alternative education sections to complete this requirement. An applicant can go into their profile (Academic & Alternative Education section) to add all degree information. Refer to the [Academic & Alternative Education](#) section for adding education.
  - Internship:** Please refer to the [Internship](#) section to complete this requirement.

- f. **NAB Exam:** after completion of the internship requirements, the applicants must take the NAB exam. Notification of the score will be made directly to the DADS NFA Licensing Staff by the exam agency. Applicants are allowed 3 attempts to pass the NAB exam.
- g. **Initial License fee of \$250:** if not checked, please refer to the [Payment section](#) in this manual regarding how to complete this requirement.
6. As soon as all the requirements are completed, DADS NFA Staff will be able to issue an NFA license for 2 years which will be reflected in the [Licensee Information bar](#).
7. Notification will display all the activities related to this particular application.

#### i. **Internship**

An (AIT) Administrator-in-Training must meet the following requirements:

1. The internship must be in a nursing facility that has a minimum of 60 beds.
2. The internship must contain a minimum of 1,000 hours of training.
3. If a waiver is granted, the internship must have a minimum of 500 hours of training.
4. A minimum of 500 of the 1,000 hours must be held during traditional business hours.
5. The AIT can train no more than 40 hours a week.
6. Upon completing the internship, the AIT must submit one of the following to DADS:
  - a. A completed AIT Final Report and Preceptor Performance Report; or
  - b. An official transcript from a university accredited by an association recognized by the Texas Higher Education Coordinating Board that reflects completion of the internship; and
  - c. An electronically signed statement from the Administrator of Record of the nursing facility in which the training occurred verifying the AIT trained at the nursing facility (this will be completed via internship application process).

#### **Starting an Internship Application** *(must be completed by AIT)*

1. To start the internship application, click the “Internship” link, when it is activated on the new application summary page.

**Internship Application**

NFA License Number: 9999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
 Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Application Type: **Request for Internship**

Preceptor License Number  
 Enter Preceptor License Number      **Find**

**Internship Setting Information**

Vendor Number  
 Enter Vendor Number      **Use This Vendor**

Telephone Number  
 (xxx) xxx-xxxx      Nursing Facility Where Internship Will Occur  
 Enter Nursing Facility Name

Mailing Address (Street)  
 Enter Mailing Address

Zip Code      City      State  
 Enter Zip Code      Enter City      --Select a state--

☒ Administrator is same as preceptor

NFA Administrator License Number  
 Enter NFA Administrator's License Number      Administrator's Name  
 Enter Administrator's Name

Number of Beds  
 0      Average Number of Hours Expected to be Gained Per Week  
 0

☐ I as applicant, affirm that all information provided by me on this form is true and accurate.  
☐ I have read the Nursing Facility Administrator rules relating to Administrators-In-Training (AIT) and that all internship hours will be completed according with the section of the rules relating to AIT.  
☐ I will meet with my preceptor for at least one hour per day during each week of documented internship.  
☐ I will abide by all rules, including ethics requirements.  
☐ I will notify the Nursing Facility Administrator Program if the internship arrangement is terminated.

**Submit**

NFA-023      Release Version: 1.4.5.0      (\*) indicates required fields

2. Enter the preceptor's NFA license number and click the "Find" button. The Preceptor's details will auto-populate.
3. Enter the vendor number, and click "Use This Vendor" or enter the information manually.
4. If the selected preceptor is the same as the administrator of the facility, check "Administrator is same as preceptor" checkbox or enter the NFA License number for the Administrator.
5. Complete the form and click the "Submit" button.

**Preceptor Approving Internship Application** *(must be completed by Preceptor)*

6. The selected preceptor will get an internship approval notification on his/her dashboard.
7. Click the application number on the dashboard under the table "Internship Requests"
8. Complete the whole form as needed and click approve.

[Home](#)[Dashboard](#)[Profile](#)[Application](#)[Change Password](#)[Logout](#)[Helpful Links](#)

[Nursing Facility Administrator Program](#)  
[National Administrator Board](#)  
[Department of Public Safety](#)  
[Department of Aging and Disability Services](#)  
[Health and Human Services Commission](#)  
[Employee Misconduct Registry](#)  
[Regulations for Exams](#)  
[Topics for A Domains of the NAB](#)

## Preceptor Internship Application Request

NFA License Number:

Full Name:

License Status: Active

Expiration Date: 9/27/2016

Date of Birth: 07/17/1974

Preceptor Status: Active

Expiration Date: 6/19/2016

Application Type: Request for Internship

## Applicant Information

Name

Doe, John

Address

Telephone Number

(243) 521-4352

E-mail Address

## Internship Setting Information

Vendor Number

123

Telephone Number

(713) 799-9031

Nursing Facility Where Internship Will Occur

HOLLY HALL

Mailing Address (Street)

2000 HOLLY HALL ST

City

HOUSTON

State

TX

Zip Code

77054-3906

NFA Administrator License Number

Administrator's Name

Licensed For Number Of Beds

00

Average Number Of Hours Expected To Be Gained Per Week

35

☐ I, as preceptor of the above named applicant, affirm that all of the information provided by me on this form is true and accurate.☐ All internship hours will be completed in accordance with the section of the Nursing Facility Administrator rules relating to AIT and all subsequent rules.☐ I will meet with the applicant for at least one hour per day, and not more than 40 hours during each week of documented internship.☐ I understand that the full professional responsibility for the service of the applicant shall rest with the preceptor.☐ I understand that the applicant can not engage in independent practice as a Nursing Facility Administrator until he or she obtains a regular license as a Nursing Facility Administrator.☐ I will notify the board in writing if the internship arrangement is terminated.☐ I have met the requirements listed in the Administrators-In-Training Manual (AIT).

## Requirements To Become A Preceptor

Successfully complete a preceptor training under the direction of the state:

☐ Yes ☒ No

Have a license that is in good standing:

☐ Yes ☒ No

Recognize and assume responsibility for setting the highest ethical and professional standards for the AIT to emulate:

☐ Yes ☒ No

Be licensed as a nursing facility administrator for a minimum of five years:

☐ Yes ☒ No

Hold a current license in the state of Texas for two years or more:

☐ Yes ☒ No

Be the full time administrator of a licensed nursing facility:

☐ Yes ☒ No

Provide the training where he or she has on-site supervisory authority and works on a daily basis, except for specific assignments and off-site training:

☐ Yes ☒ No

Have management/corporate approval, if applicable:

☐ Yes ☒ No

Agree to provide the AIT with opportunities to observe and participate in all aspects of management:

☐ Yes ☒ No

Meet with the AIT to evaluate current knowledge and experience of determine areas of concentration during the internship:

☐ Yes ☒ No

Meet regularly with the AIT and provide feedback on performance including but not limited to, strengths and weaknesses:

☐ Yes ☒ No

Complete the necessary documentation to verify the AIT's training:

☐ Yes ☒ No

Notify the state if the AIT is out of compliance in meeting the internship requirements:

☐ Yes ☒ No

Provide the state with certification that the AIT has successfully completed the required 1,000 hours of internship:

☐ Yes ☒ No

Approve

Reject



## DADS NFA Licensing Staff Approving Internship Application

9. After preceptor approved the internship, the application will await DADS NFA Licensing Staff's approval.
10. Staff approves the application and then applicant may start his/her internship under mentioned preceptor.

## Completing Internship Application *(must be completed by AIT)*

11. After the internship is completed, click on the "internship" link on the new application summary page. System will redirect to the following screen.

The screenshot displays the 'Nursing Facility Administrator Licensing System' interface. The top navigation bar includes 'NFA Licensing System > New Application Summary > Internship Application', a 'Help Manual' link, and user information 'Logged in as John Doe' with 'Zoom In' and 'Zoom Out' options. A left sidebar contains navigation links: Home, Dashboard, Profile, Application, Change Password, Logout, and Helpful Links. The main content area is titled 'Internship Application' and shows a summary of the application: NFA License Number: N/A, Full Name: Doe, John, License Status: N/A, Expiration Date: N/A, Date of Birth: 11/04/1945, Preceptor Status: N/A, and Application Status: Open. Below this, the 'Preceptor Information' section includes fields for Name, License Number, Telephone Number, E-mail Address, Address (TX-78130), and License Issue Date (09/27/2014). The 'Internship Setting Information' section includes fields for Vendor Number (123), Nursing Facility Where Internship Will Occur (HOLLY HALL), Telephone Number ((713) 799-9031), Mailing Address (Street) (2000 HOLLY HALL ST), City (HOUSTON), State (TX), Zip Code (77054-3906), Administrator's Name, Administrator License Number, Licensed For Number Of Beds (80), and Average Number Of Hours Expected To Be Gained Per Week (35). At the bottom, there are five checkboxes for affirmations, all of which are checked. A red box highlights the 'Next' button, and a 'Remove this Internship' button is also visible.

Nursing Facility Administrator Licensing System

NFA Licensing System > New Application Summary > Internship Application

Help Manual Logged in as John Doe Zoom In Zoom Out

Home Dashboard Profile Application Change Password Logout Helpful Links

Nursing Facility Administrator Program  
National Administrator Board  
Department of Public Safety  
Department of Aging and Disability Services  
Health and Human Services  
Commission  
Employee Misconduct Registry  
Register for Exams  
Topics for 5 Domains of the NAB

### Internship Application

NFA License Number: N/A	Full Name: Doe, John	License Status: N/A	Expiration Date: N/A
	Date of Birth: 11/04/1945	Preceptor Status: N/A	Expiration Date: N/A

Application Type: Request for Internship Application Status: Open

#### Preceptor Information

Name	License Number
Telephone Number	E-mail Address
Address	License Issue Date
TX-78130	09/27/2014

#### Internship Setting Information

Vendor Number	123
Nursing Facility Where Internship Will Occur	Telephone Number
HOLLY HALL	(713) 799-9031
Mailing Address (Street)	City
2000 HOLLY HALL ST	HOUSTON
State	Zip Code
TX	77054-3906
Administrator's Name	Administrator License Number
Licensed For Number Of Beds	Average Number Of Hours Expected To Be Gained Per Week
80	35

☒ I as applicant, affirm that all information provided by me on this form is true and accurate.

☒ I have read the Nursing Facility Administrator rules relating to Administrators-in-Training (AIT), and affirm that all internship hours will be completed in accordance with the section of the rules relating to AIT.

☒ I will meet with my preceptor for at least one hour per day during each week of documented internship.

☒ I will abide by all rules, including ethics requirements.

☒ I will notify the Nursing Facility Administrator Program if the internship arrangement is terminated.

Next Remove this Internship

NFA-024 Release Version 1.4.6.0 (\*) indicates required fields

12. Click the "next" button, the system will redirect to the internship completion page.



Nursing Facility Administrator Licensing System

NFA Licensing System > New Application Summary > Internship Application

[Help Manual](#)
Logged in as John Doe
Zoom In
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Helpful Links

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[National Administrator Board](#)  
[Department of Public Safety](#)  
[Department of Aging and Disability Services](#)  
[Health and Human Services Commission](#)  
[Employee Misconduct Registry](#)  
[Register for Exams](#)  
[Topics for 5 Domains of the NAB](#)

Internship Application

NFA License Number: N/A

Full Name: Doe, John

License Status: N/A

Expiration Date: N/A

Date of Birth: 11/04/1945

Preceptor Status: N/A

Expiration Date: N/A

Application Type: Internship (Completion)

Preceptor Information

Name

License Number

Telephone Number

E-mail Address

Address

License Issue Date

Internship Setting Information

Vendor Number

123

Nursing Facility Where Internship Will Occur

HOLLY HALL

Telephone Number

(713) 799-9031

Mailing Address (Street)

2000 HOLLY HALL ST

City

HOUSTON

State

TX

Zip Code

77054-3906

Administrator's Name

Administrator License Number

Licensed For Number Of Beds

80

Average Number Of Hours Expected To Be Gained Per Week

35

Dates of Internship

Begin

(Select the month first, then the year, followed by the date or enter the entire date manually)

mm/dd/yyyy

End

(Select the month first, then the year, followed by the date or enter the entire date manually)

mm/dd/yyyy

Administrator's NFA License Number

Verify

Internship Completed

Remove this Internship

NFA-025


Release Version 1.4.0.0

(\*) indicates required fields

13. Complete the information on this page as needed and click “internship completed” button.

## Completing Reports for Internship Application

### Nursing Facility Administrator Licensing System



NFA Licensing System > New Application Summary > Internship Application
Help Manual   Logged in as John Doe   Zoom In   Zoom Out

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[Health and Human Services Commission](#)  
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[Topics for 5 Domains of the NAB](#)

#### Internship Application

NFA License Number: N/A	Full Name: Doe, John Date of Birth: 11/04/1945	License Status: N/A Preceptor Status: N/A	Expiration Date: N/A Expiration Date: N/A
-------------------------	---	--	--

Application Type: Internship (Completion)

---

**Preceptor Information:**

Name	License Number
Telephone Number	E-mail Address
Address	License Issue Date
	09/27/2014

---

**Internship Setting Information**

Vendor Number	Telephone Number
123	
Nursing Facility Where Internship Will Occur	
HOLLY HALL	(713) 799-9031
Mailing Address (Street)	City
2000 HOLLY HALL ST	HOUSTON
State	Zip Code
TX	77054-3906
Administrator's Name	Administrator License Number
Licensed For Number Of Beds	Average Number Of Hours Expected To Be Gained Per Week
80	35

---

**Internship Dates**

Internship Begin Date	Internship End Date
04/10/2014	11/13/2014

Your Internship Application is in process.

Preceptor Performance Report
Final Report
Remove this Internship

NFA-026
Release Version 1.4.0.0
(\*) indicates required fields

14. When activated, preceptor is required to complete the “Final Report” for the internship application and the Application (AIT) is required to complete the “Preceptor Performance Report”.
15. The preceptor will complete the data in the final report and then click submit, so the applicant, AIT can acknowledge the same.

Nursing Facility Administrator Licensing System

NFA Licensing System > New Application Summary > Final Report

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[National Administrator Board](#)  
[Department of Public Safety](#)  
[Department of Aging and Disability Services](#)  
[Health and Human Services Commission](#)  
[Employee Misconduct Registry](#)  
[Register for Exams](#)  
[Topics for 5 Domains of the NAB](#)

Final Report

NFA License Number:

Full Name:

License Status: Active

Expiration Date: 9/27/2016

Date of Birth:

Preceptor Status: Active

Expiration Date: 6/19/2016

Final Report

AIT Name

John Doe

Phone Number

(243) 521-4352

Facility Name

HOLLY HALL

Address

2000 HOLLY HALL ST, HOUSTON, TX, 77054-3906

Date Internship Began

04/10/2014

Date Internship Ended

11/13/2014

Instructions

You must confirm the dates and number of hours the AIT has completed for each area of the internship.

Area of Internship	Date Completed	Number Of Hours
RESIDENT CARE MGMT	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0"/>
PERSONNEL MGMT	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0"/>
FINANCIAL MGMT	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0"/>
ENVIRONMENTAL MGMT	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0"/>
REGULATORY MGMT	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0"/>
ORGANIZATIONAL MGMT	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0"/>
ETHICS	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0"/>
TOTAL NUMBER OF HOURS		

Evaluation Of AIT's Performance

Certification Of Experience

☐ I hereby certify that John Doe has completed 0 hours of training in the above referenced areas, in accordance with the AIT guidelines, and that in my judgement he/she is capable of performing competently as an administrator.

Submit

Back

NFA-033

Release Version 1.4.3.0

(\*) indicates required fields

- The applicant (AIT) completes the preceptor performance report and submits it so the preceptor may acknowledge it.

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  - Health and Human Services Commission
  - Employee Misconduct Registry
  - Register for Exams
  - Topics for 5 Domains of the NAB

## Internship Application

NFA License Number: N/A

Full Name: Doe, John  
Date of Birth: 11/04/1945License Status: N/A  
Preceptor Status: N/AExpiration Date: N/A  
Expiration Date: N/AApplication Type: **Internship (Completion)**

## Preceptor Performance Report

Preceptor Name	License Number
Vendor Name	Address
HOLLY HALL	2000 HOLLY HALL ST, HOUSTON, TX, 77054-3906
Telephone Number	Vendor Number
(713) 799-9031	123
Internship Begin Date	Internship End Date
04/10/2014	11/13/2014

## Instructions

The goal of this evaluation is to provide feedback to the preceptor on the strengths and weaknesses of the internship. It is also to assist the Texas Department of Aging and Disability Services in assuring adequate training for future AITs. It is important that the AIT answer the questions as objectively as possible. A copy of the completed evaluation shall be given to the preceptor and the original mailed to the Credentialing Department of the Texas Department of Aging and Disability Services after it has been sworn and notarized by a public notary.

1. Did the preceptor conduct an initial interview to review and verify the AIT Self Assessment?

☒ Yes ☐ No (If No, explain)

2. Did you have adequate input into your AIT Assignments?

Good

3. Did the preceptor conduct an adequate orientation to the facility and the staff?

☒ Yes ☐ No (If No, explain)

4. Did the department heads provide adequate training and supervision? If not, was the preceptor responsive to your concerns?

Good

5. How often did you meet with your preceptor?

Good

6. Was your preceptor actively involved in your training and available for consultation when necessary?

Good

7. Give a brief analysis of any positive experience or problem encountered during the internship?

Good

8. Overall how would you rate your experience?

Excellent ☒Very Helpful ☐Helpful ☐Unsatisfactory ☐

9. Would you recommend this preceptor to another AIT?

☒ Yes ☐ No (If No, explain)

10. Additional comments:

Good

Submit

Back

17. Upon completion of the forms and acknowledgement, the internship application will be reviewed by the DADS NFA Licensing Staff and approved.

#### b. Renewal

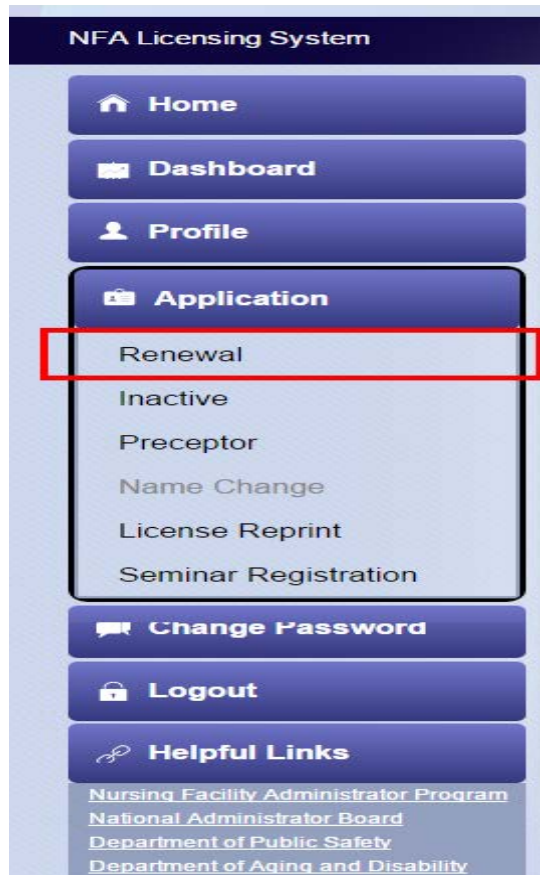
DADS notifies licensees of their license expiration date and renewal requirements at least 31 days before the license expires. A licensee who does not receive a renewal notice must renew the license before the license expires.

Licensees seeking renewal must submit the following to DADS on or before the date the license expires:

- a. Complete the License Renewal application.
- b. The \$250 renewal fee.
- c. Proof of completion of 40 clock hours of continuing education; and
- d. A DPS Texas criminal conviction report and fingerprint card.
- e. DADS issues a two-year license renewal card to the eligible licensees who meet the requirements.
- f. DADS may deny a license renewal according to §18.37 (relating to Denial of License Renewal).

#### Starting a Renewal Application

1. To start the renewal application, click the renewal link under Application on the left side menu bar.



2. The system will redirect you to the Renewal Application start page.

## Renewal Application

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Application Type: **Renewal**

Acknowledge Profile.

☒ To the best of my knowledge, all the information provided under this profile is correct.

I understand that I must complete a fingerprint criminal history record with the Department of Public Safety. For information regarding this requirement, please see [Helpful Links](#)

☒ Acknowledge Criminal History Message.

**Start**

NFA-070

Release Version 1.4.5.0

(\*) indicates required fields

- The applicant must comply by acknowledging the correctness of the profile information and acknowledging the “Criminal history message” in order to start the application.
- After clicking the “Start” button, the renewal application will start and the system will be redirected to the “Renewal Application Summary” page.

### Completing a Renewal Application

## Renewal Application

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Summary

**Application Details**

Application ID: 158	Application Type: Renewal	Application Status: Open
Application Date: 10/27/2014	Application Age: 0 Days	

**Requirements**

- ☒ [Personal Information](#)
- ☐ [Renewal Fee](#)
- ☐ Criminal History Report
- ☐ CEU

**Log**

Event	Comments	Date	User
Notification	Renewal application started.	10/27/2014	Victor Smith

NFA-071

Release Version 1.4.5.0

(\*) indicates required fields

5. The 4 requirements to complete this application are:
  - a. **Personal information:** if not checked, click it and you will be redirected to the “[Personal Information](#)” page. Populate the required fields on that page to complete this requirement.
  - b. **Renewal fee:** if not checked, please refer to the [Payment section](#) in this manual regarding how to complete this requirement.
    1. A \$250 renewal fee for a license that has not been expired yet.
    2. A \$375 renewal fee for a license that has been expired for 90 days or less.
    3. A \$500 renewal fee for a license that has been expired for 91 days to 365 days.
  - c. **Criminal History Report:** this requirement will be checked as soon as DADS NFA Staff receives the report from DPS and approves it. The Applicant is required to complete the criminal history requirements by requesting DPS to forward the report to DADS NFA Licensing Staff. Refer to the [Helpful Links](#) section for more details.
  - d. **CEU:** applicants are required to complete 40 hours of CEUs. Applicants can go into their profile (on the Continuing Education tab) to add CEUs. Refer to the [Continuing Education](#) section regarding adding CEUs.
6. As soon as all the requirements are completed, NFA Staff will be able to issue an NFA license for 2 years which will be reflected in the [Licensee Information bar](#).
7. Notifications will display all the activity related to this particular application.

### c. Reinstate

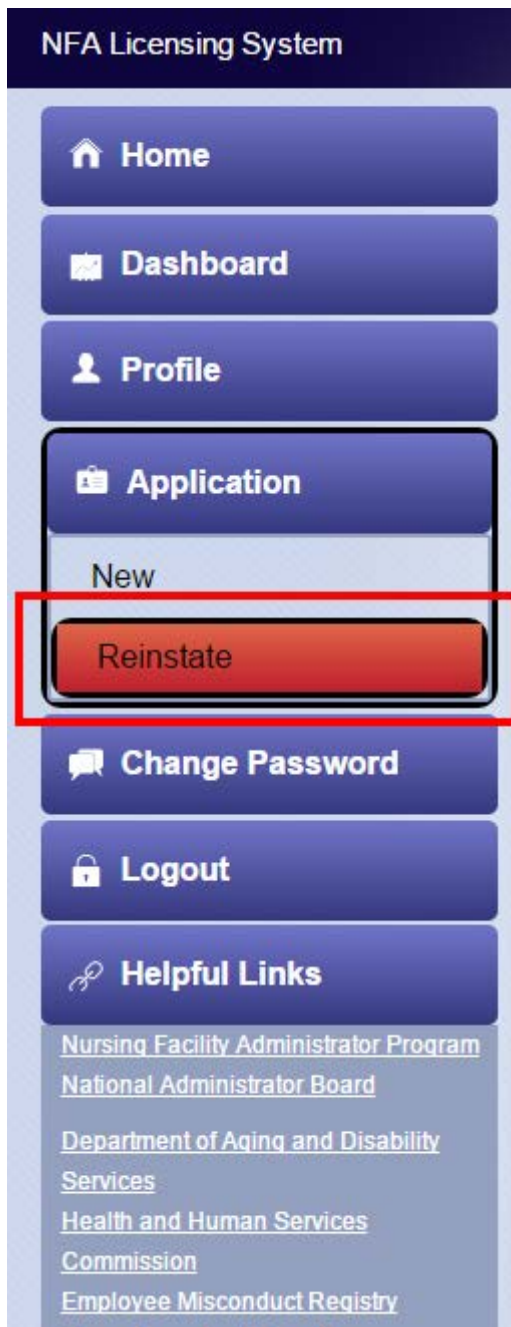
Applicants who were previously licensed and in good standing in Texas may obtain a new license without reexamination if they:

1. Are licensed and in good standing in another state;
2. Practiced in that state for at least the preceding two years before the date of their current licensure application; and
3. Pay DADS a \$500 reactivation fee.

### Starting a Reinstate Application

1. To start the Reinstate Application portion, click the Reinstate link under Application on the left side menu bar.





2. The system will be redirected to the Reinstate Application start page.



## Reinstatement Application

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Application Type: **Reinstate**

Acknowledge Profile

☐ To the best of my knowledge, all the information provided under this profile is correct.

I understand that I must complete a fingerprint criminal history record with the Department of Public Safety. For information regarding this requirement, please see Helpful Links.

☐ Acknowledge Criminal History Message.

I understand that I must complete form 5518, have it notarized and submit to the NFA licensing program address listed at the bottom of the form.

☐ Acknowledge form 5518 (Notarized).

Start

NFA-059

Release Version 1.4.5.0

(\*) indicates required fields

3. The Applicant must acknowledge the correctness of the profile information, acknowledge the criminal history message and acknowledge completion of Form 5518 in order to start the application.
4. After clicking the “Start” button, reinstatement of the application will start and the system will be redirected to the “Reinstate Application Summary” page.

## Reinstatement Application Summary

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

### Application Details

Application ID: 166	Application Type: Reinstatement	Application Status: Open
Application Date: 10/30/2014	Application Age: 0 Days	

### Requirements

- ☒ [Personal Information](#)
- ☐ [Reinstatement Fee](#)
- ☒ [Criminal History Report](#)
- ☐ [Form 5518](#)
- ☐ [Employment \(Work History\)](#)

### Log

Event	Comments	Date	User
Notification	Reinstatement application started.	10/30/2014	John Dugan

NFA-060

Release Version 1.4.5.0

(\*) indicates required fields

5. The 5 requirements to complete this application are:
  - a. **Personal information:** if not checked, click it and you will be redirected to the “[Personal Information](#)” page and the fields must be completed to fulfill this requirement.
  - b. **Reinstatement fee of \$500:** if this is not checked, please refer to the [Payment section](#) in this manual.
  - c. **Criminal History Report:** this requirement will be checked as soon as DADS NFA Staff receives the report from DPS and approves it. The applicant is required to complete the criminal history requirement by requesting DPS to forward the report to DADS NFA Licensing Staff. Refer to the [Helpful Links](#) section for more detail.
  - d. **FORM 5518:** applicants are required to complete a notarized Form 5518 and mail the original document to DADS NFA Licensing Staff. Upon approval of this document by the DADS NFA Licensing Staff, this requirement will be completed. Refer to the [Helpful Links](#) section for more detail.
  - e. **Employment (Work history):** applicants are required to complete the work history section under their profile. This requirement will be completed when the specified work history requirements are filled in in that section. Please refer [Work history](#) for details.
6. As soon as all the requirements are completed, NFA Staff will be able to issue an NFA license for 2 years which will be reflected in the [Licensee Information bar](#).
7. Notification will display all the activity related to this particular application.

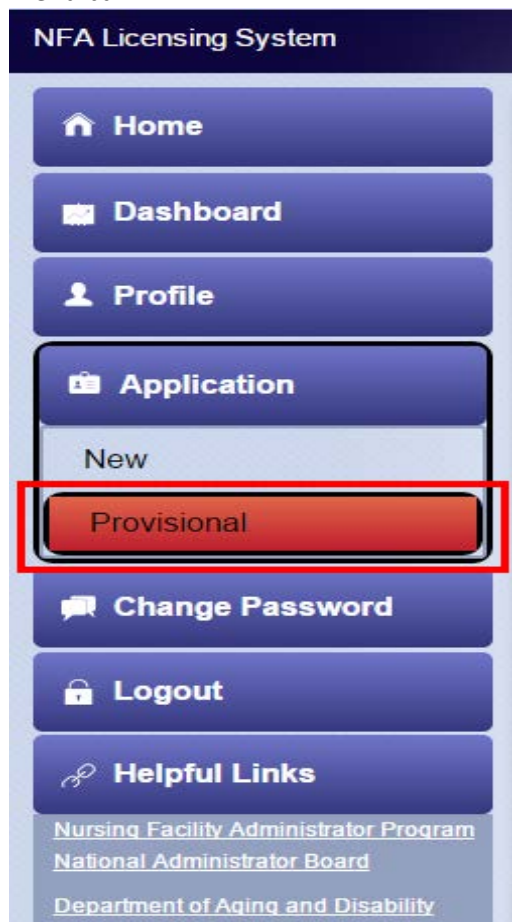
#### d. Provisional

DADS issues a provisional license to applicants currently licensed or registered as Nursing Facility Administrators in other states who submit the following to DADS:

1. Complete a notarized Provisional Licensure Questionnaire and Nursing Facility Administrator License Application forms;
2. The \$100 application fee; and
3. Proof of the following:
  - a. A license and good standing status in another states with licensing
  - b. Requirements substantially equivalent to the Texas licensure requirements;
  - c. Employment for at least two years as an administrator of record of a nursing facility;
  - d. A passing score on the NAB examination; and
  - e. Sponsorship by an administrator licensed by DADS and who is in good standing, unless DADS waives sponsorship based on a demonstrated hardship.
4. A provisional license expires 180 days from the date of issue.
5. DADS issues a license certificate to a provisional license holder who:
  - a. Passes the state examination;
  - b. Pays DADS the \$250 initial licensure fee; and
  - c. Has not had a license revoked in Texas or any other state.
6. DADS may determine that a criminal conviction or sanction taken in another state is a basis for pending or denying a provisional license.

#### Starting a Provisional Application

1. To start the Provisional application, click the Provisional link under applications on the left side menu bar.



- 
2. The system will redirect to the “Provisional Application” start page.

**Provisional Application**

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

**Application Type: Provisional**

Acknowledge Profile.

☐ To the best of my knowledge, all the information provided under this profile is correct.

I understand that I must complete a fingerprint criminal history record with the Department of Public Safety. For information regarding this requirement, please see Helpful Links.

☐ Acknowledge Criminal History Message.

I understand that I must complete form 5518, have it notarized and submit to the NFA licensing program address listed at the bottom of the form.

☐ Acknowledge form 5518 (Notarized).

I understand that the state I'm previously licensed in will provide my official NAB exam score on form 5518.

☐ Acknowledge NAB Score Message.

**Start**

NFA-067 Release Version 1.4.5.0 (\*) indicates required fields

- 
- 
3. The applicant must comply by acknowledging the correctness of profile information, acknowledging the criminal history message, acknowledging Form 5518 and acknowledging their NAB score availability in order to start the application.
4. After clicking the “Start” button, a provisional application will begin and the system will be redirected to the “Provisional Application Summary” page.

## Provisional Application Summary

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Summary

Application Details

Application ID: 167	Application Type: Provisional	Application Status: Open
Application Date: 10/30/2014	Application Age: 0 Days	

Requirements

☐ [Personal Information](#)
☐ Application Fee
 ☐ Criminal History Report
 ☐ Form 5518
 ☐ NAB Exam
 ☐ Employment (Work History)

☐ State Exam
 ☐ Initial License Fee

Log

Event	Comments	Date	User
Notification	Provisional application started.	10/30/2014	Will Smith

NFA-068

Release Version 1.4.5.0

(\*) indicates required fields

5. The 6 requirements to complete this provisional application are:
  - a. **Personal information:** if not checked, click it and you will be redirected to the “[Personal Information](#)” page and you may complete that page to complete this requirement.
  - b. **Application fee of \$100:** if not checked please refer to the [Payment section](#) in this manual.
  - c. **Criminal History Report:** this requirement will be checked as soon as DADS NFA Staff receives the report from The Department of Public Safety (DPS) and approves it. The applicant is required to complete the criminal history requirement by requesting DPS to forward the report to DADS NFA Licensing Staff. Refer to the [Helpful Links](#) section for more detail.
  - d. **FORM 5518:** Applicants are required to complete a notarized Form 5518 and mail the original document to DADS NFA Licensing Staff. Upon approval of this document by the DADS NFA Licensing Staff, the requirement will be completed. Refer to the [Helpful Links](#) section for more detail.
  - e. **NAB Exam:** Applicants must provide their NAB exam score on a notarized Form 5518.
  - f. **Employment (Work history):** Applicants are required to complete the Work History section under their profile. This requirement will be completed when the specified work history requirements are filled in that section. Please refer to the [Work History section](#) for details.

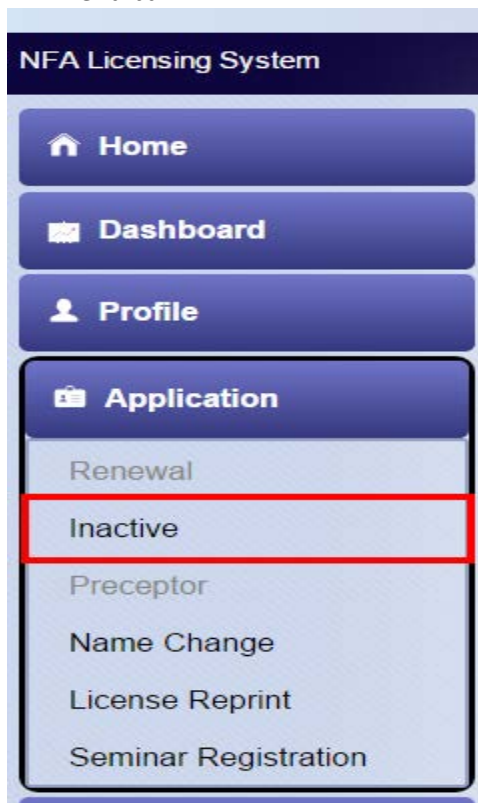
6. As soon as all the requirements are completed, the NFA Staff will be able to issue a provisional license for 180 days which will be reflected in the [Licensee Information bar](#).
7. The 2 requirements to complete this provisional application for getting an NFA license are:
  - a. **State Exam:** Applicants must take the State exam after a provisional license has been issued. DADS Staff will be notified of the score by the Examination Center. If the score is passing, this requirement will be completed.
  - b. **Initial License fee of \$500:** If not checked, please refer to the [Payment section](#) in this manual.
8. If the last 2 requirements are not completed by the applicant within 180 days period of the provisional license, the license and application will expire and applicant must start a new application to obtain an NFA license.
9. As soon as all the requirements are completed, NFA Staff will be able to issue an NFA license for 2 years which will be reflected in the [Licensee Information bar](#).
10. The notification section will display all the activity related to this particular application.

#### e. Inactive

A licensee may place a license in a formal inactive status with DADS for up to two renewal periods. To place a license in a formal inactive status, the licensee must start and pay for an inactive application to DADS on or before the date the license expires.

#### Starting an Inactive Application

1. To start the Inactive Application, click the Inactive link under the Application on the left side menu bar.



2. The system will be redirected to the “Inactive Application” start page.

### Inactive Application

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Application Type: **Inactive**

Acknowledge Profile for Inactive Application

☐ To the best of my knowledge, all the information provided under this profile is correct.

[Start](#)

NFA-057 Release Version 1.4.4.0 (\*) indicates required fields

- The applicant must comply by acknowledging the correctness of the profile information in order to start the application.
- After clicking the “Start” button, the Inactive Application will start and the system will be redirected to the “Inactive Application Summary” page.

### Completing an Inactive Application

### Inactive Application Summary

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Summary

Application Details

Application ID: 78	Application Type: Inactive	Application Status: Open
Application Date: 10/19/2014	Application Age: 0 Days	

**Requirements**

☒ [Personal Information](#)

☐ [Inactive Fee](#)

**Notifications**

Date	User	Notification Type	Message
10/19/2014		Notification	Inactive application started.

NFA-058 Release Version 1.4.4.0 (\*) indicates required fields



5. There are 2 requirements to complete this application. They are:
  - a. **Personal information:** if not checked, click “Personal Information” and you will be redirected to the [“Personal Information”](#) page. Complete that page to fulfill this requirement.
  - b. **Inactive fee of \$250:** if not checked, please refer to the [Payment section](#) in this manual.
6. As soon as all the requirements are completed, NFA Staff will be able to approve this inactive license for 2 years which will be reflected in the [Licensee Information bar](#).
7. Notification will display all the activity related to this particular application.
8. If a licensee's inactive status has expired, the licensee must meet the licensure application and examination requirements as listed in §18.15 (relating to Application Requirements) and §18.16 (relating to Examinations).
9. If it has been less than five years since the individual passed the NAB examination, the individual is not required to take the NAB examination referenced in §18.16(a)(2), but must take the state exam.
10. A person whose inactive status license has expired may not pay a late renewal fee.

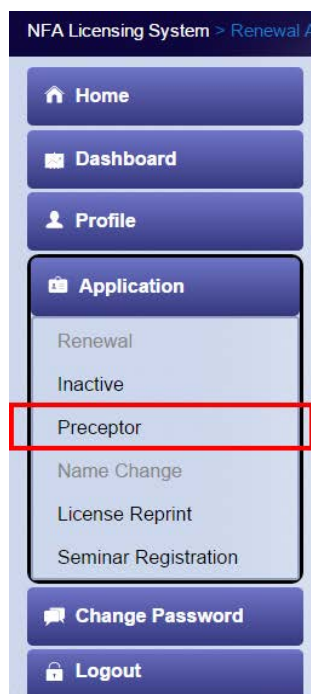
#### f. Preceptor

To apply for a preceptor certificate a licensee must:

1. Be licensed or registered as a Nursing Facility Administrator for a minimum of five years, with the two most recent years being in Texas.
2. Be in good standing.
3. Have paid and completed DADS preceptor training to become a certified preceptor.
4. Meet the eligibility requirements in the State of Texas AIT Internship Manual.
5. A licensee is qualified to act as a preceptor for two years from the date the licensee completes DADS' preceptor training.
6. A licensee must remain in good standing in order to act as a preceptor.

#### Starting a Preceptor Application

1. To start the Preceptor Application, click the Preceptor link under applications on the left side menu bar.





- 
2. The system will be redirected to the Preceptor Application start page.

**Preceptor Application**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Application Type: **Preceptor**

☒ To the best of my knowledge, all the information provided under this profile is correct.

**Start**

NFA-064      Release Version 1.4.5.0      (\*) indicates required fields

- 
- 
3. The applicant must acknowledge the correctness of the profile information in order to start the application.
4. After clicking the “Start” button, the Preceptor Application will start and the system will be redirected to the “Preceptor Application Summary” page.

### Completing a Preceptor Application

**Preceptor Application**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

**Application Details**

Application ID: 159      Application Type: Preceptor      Application Status: Open  
Application Date: 10/27/2014      Application Age: 0 Days

**Requirements**

- ☒ [Personal Information](#)
- ☒ [Work History](#)
- ☐ [Preceptor Seminar](#)

**Log**

Event	Comments	Date	User
Notification	Preceptor application started.	10/27/2014	Victor Smith

NFA-066      Release Version 1.4.5.0      (\*) indicates required fields

5. The 3 requirements to complete this application are:
  - a. **Personal Information:** if not checked, click it and you will be redirected to the [Personal Information](#) page. Complete that page to fulfill this requirement.
  - b. **Work History:** Applicants are required to complete the work history section under their profile. This requirement will be completed when the specified work history requirements are filled in. Please refer to the [Work history](#) section for detail.
  - c. **Preceptor Seminar:** If not checked, please refer to the [Preceptor Seminar](#) section in this manual.
6. As soon as all the requirements are completed, DADS NFA Staff will be able to create a preceptor certificate for 2 years which will be reflected in the [Licensee Information bar](#).
7. Notification will display all the activity related to this particular application.

#### g. License Reprint

DADS replaces lost, damaged, or destroyed license certificates for licensees who submit a License Reprint Application. Only Applicants/Users who are in active status may apply for this License Reprint Application.

#### Starting a License Reprint Application

1. To start the License Reprint Application, click the License Reprint link under Application on the left side menu bar.



2. The system will be redirected to the License Reprint application page.

**License Reprint Application**

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Application Type: **License Reprint**

Select License to be re-printed

☐ Wall License ←

☐ Wallet License ←

License Reprint Fee: \$0.00

**Pay & Order**

NFA-061 Release Version 1.4.5.0 (\*) indicates required fields

3. Select the type of license needed to be reprinted. Click the corresponding checkbox.
4. Click “Pay & Order” button. The system will redirect you to the payment options. Refer to the [Payment section](#) in this manual for payment guidelines.
5. As soon as payment is completed, a License Reprint Request will be generated to the DADS NFA Licensing Staff.
6. An additional reprint application will not be allowed until the current request is completed.

## h. Name Change

In order to acquire a name change, the applicant should apply for a Name Change Application. Only applicants/users who are in active status may apply for a Name Change.

### Starting a Name Change Application

1. To start the Name Change application, click the Name Change link under Application on the left side menu bar.



2. The system will be redirected to the Name Change Application page.

## Completing a Name Change Application

### Name Change Application

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Enter name change information

#### Application Details

Application ID: 160	Application Type: Name Change	Application Status: Open
Application Date: 10/27/2014	Application Age: 0 Days	

#### Current Name

Title

Last Name  
Smith

First Name  
Victor

Middle Name

#### New Name

Title  
--Please select a value--

Last Name  
Enter Last Name \*

First Name  
Enter First Name \*

Middle Name  
Enter Middle Name

#### Supporting Document

Choose File No file chosen \*

#### Notifications

Notification Type	Message	Date	User
-------------------	---------	------	------

Submit

NFA-063Release Version 1.4.5.0(\*) indicates required fields

- Fill in all the fields as needed under the “New Name” section.
- A supporting document must be attached to validate the reason for a name change. Example: a Marriage Certificate, a Driver’s License, etc.
- Click the “Submit” button to submit your application.
- Upon submission, DADS NFA Licensing Staff will review and then approve/deny the application.
- Upon approval the new/changed name will be reflected in the [Licensee Information bar](#).
- A notification will display all the activity related to this particular application.

### i. Preceptor Seminar Registration

Applicants may register for a preceptor seminar only when they have an active NFA license status.

### Registering for a Preceptor Seminar

1. To register for a Preceptor Seminar, click the Seminar Registration link under Application on the left side menu bar.



2. The system will be redirected to the Preceptor Seminar Registration page.

## Preceptor Seminar Registration

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Application Type: **Preceptor Seminar Registration**

To register for a Preceptor Seminar select a date below

Please select a seminar date

1/21/2015

Seminar name: DADS Seminar  
Place: 100 Main Street.  
Description: This is a DADS Seminar

Register

Seminar Name	Seminar Date	Paid	Attended
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NFA-069 Release Version 1.4.5.0 (\*) indicates required fields

3. Select the available seminar date from the drop down menu. Corresponding details will pop up below the date as shown in the above screenshot.
4. Click the "Register" button to register for the selected seminar.

## Preceptor Seminar Registration

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

Application Type: **Preceptor Seminar Registration**

To register for a Preceptor Seminar select a date below

Please select a seminar date

--Please select a date--

Register

Seminar Name	Seminar Date	Paid	Attended
DADS Seminar	01/21/2015	<input type="checkbox"/>	<input type="checkbox"/>

NFA-069 Release Version 1.4.5.0 (\*) indicates required fields

5. After registering, the registered seminar will be displayed in the below section as marked.
6. The Paid and Attended columns will be checked after the applicant has paid (payments will be made on the seminar location) and attended the seminar.



- CEUs will be automatically added under the applicant's profile as soon as DADS Staff confirms the applicant's attendance and payment.

**j. Internship waiver**

Applicants are eligible for an internship waiver if they have a Master's Degree in Health Administration, Health Services Administration, Health Care Administration, or Nursing, which includes coursework that encompasses the five domains of the NAB, with one year of management experience; or a Baccalaureate Degree in Health Administration, Health Services Administration, Health Care Administration, or Nursing, which includes coursework that encompasses the five domains of the NAB, with three years of management experience.

**Note:** Management experience is defined as full-time employment as a department head or licensed professional supervising two or more employees in a nursing facility or skilled nursing hospital unit.

- The "Apply for Waiver" button will only appear on the [Academic and Alternative Education](#) screen, if there is an approved degree from the above mentioned list.

**Academic and Alternative Education**

NFA License Number: 99999      Full Name: Doe, John      License Status: Active      Expiration Date: N/A  
Date of Birth: 09/09/1999      Preceptor Status: N/A      Expiration Date: N/A

Personal Information    **Academic & Alternative Education**    Work History    Continuing Education    Additional Documents    Enforcement

List each degree you have earned below. You are required to submit official transcripts to the NFA licensing program.

**Indicate Degree(s) You Hold**

Degree Name	Level	University	Year Of Completion	Status	Delete
<a href="#">Health Administration</a>	Associate	University of Texas	1999	Approved	

[Apply For Waiver](#)

Add

Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links.

**Academic and Alternative Education Requirements**

Domain	Course Number	Course Name	University Name	Status	Delete
--------	---------------	-------------	-----------------	--------	--------

Add

Continue

NFA-010      Release Version 1.4.5.0      (\*) indicates required fields

- Click the "Apply for Waiver" button as seen in the screenshot above.
- The system will redirect you to the Internship Waiver Application page.




NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

**Application Type: Internship Waiver**


In order to apply for a 500 hour waiver you must upload a resume that shows your long term care employment history as a supervisor or department head. Your resume must also list a degree that qualifies you for the waiver. Course descriptions may also need to be submitted if requested by NFA staff.

**Application Details**

Application ID: ---	Application Type: Internship Waiver	Application Status: Open
Application Date: 10/30/2014	Application Age: 0 Days	

**Resume:**  

No file chosen

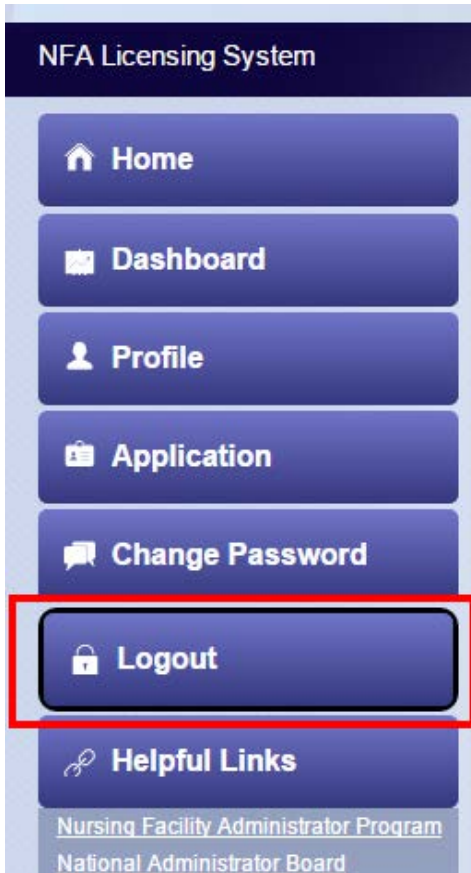


NFA-072 Release Version 1.4.5.0 (\*) indicates required fields

4. Click the “Choose File” to browse your files to upload your “Resume” and then click Upload.
5. View the uploaded file by clicking “View”.
6. Click the “Apply” button to apply for a waiver.
7. DADS NFA Licensing Staff will review the resume uploaded and accordingly approve or reject the application.

## 6. Logout

To log out of the system, click the “Logout” button on the left side menu bar as shown in the screenshot below.



## 7. Payment

DADS charges the following administrative and licensure fees:

- a. Application fee — \$100;
- b. State examination fee — \$155;
- c. State reexamination fee — \$155;
- d. NAB examination fee — \$375;
- e. NAB reexamination fee — \$375;
- f. Initial licensure fee — \$250;
- g. Renewal fee — \$250 this is due when the license is renewed every two years on or before the date the license expires. Late renewal fees for license renewals are made after the license expires:
  - i. \$375 for an expired license renewed during the first 90 days after the license expires; and
  - ii. \$500 for an expired license renewed between 91 and 365 days after the license expires.
- h. Formal inactive status fee — \$250;
- i. Reinstatement of license fee — \$500; and
- j. Duplicate license fee — \$25.

Every application requiring a payment/fee as one of the requirements will follow the below steps to complete a payment.

Requirements

- ☒ [Personal Information](#)
- ☐ [Renewal Fee](#)
- ☒ [Criminal History Report](#)
- ☐ CEU

1. Click the “Renewal Fee” link on the Application Summary page.
2. The system will redirect you to the Payment Details page. The payment amount will be different for different applications (as listed above).

**Payment Details**

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

**Application Details**

Application ID: 158	Application Type: Renewal	Application Status: Open
Application Date: 10/27/2014	Application Age: 0 Days	

**Payment**

Renewal Fee \$250.00

[Pay Manually](#) [Pay Online](#) [Cancel](#)

NFA-037 Release Version 1.4.5.0 (\*) indicates required fields

3. This page gives the applicant two options for payment: “Pay Manually” or “Pay Online”. Choose the option needed.

**a. Pay Manually**

1. Click the “Pay Manually” button. The system will redirect to the voucher page.
2. The applicant may print the voucher using the print button.
3. Follow the instructions provided on the voucher page. Then mail your payment to DADS NFA at the address provided on the Payment Voucher page.

## Manual Payment

NFA License Number: 99999

Full Name: Doe, John  
Date of Birth: 09/09/1999

License Status: Active  
Preceptor Status: N/A

Expiration Date: N/A  
Expiration Date: N/A

### Application Details

Application ID: 158

Application Type: Renewal

Application Status: Open

Application Date: 10/27/2014

Application Age: 0 Days

### Payment

#### Payment Voucher

For

Department of Aging and Disability Services  
Nursing Facility Administrator Application

#### Payee Information:

First Name:	Victor
Last Name:	Smith
Address Line 1:	
Address Line 2:	
City, State, Zip Code:	
E-Mail Address:	at@imageapi.com
Primary Phone Number:	
NFA License Number:	9523
Application ID:	158

#### Payment Information:

Voucher Number:	66
Application Type:	Renewal
Payment Date:	10/30/2014
Payment Due:	\$250.00

#### Instructions: ←

1. Print and mail this voucher and payment to the address indicated below.
2. Payments will not be accepted if sent without voucher.
3. Use only cashier's checks or money orders made payable to: **DADS NFA Licensing**
4. Send only the exact amount as indicated in the "Payment Due" area above.
5. Mail Payments to:

Department of Aging and Disability Services  
Nursing Facility Administrator Program  
P.O. Box 149030  
Mail Code E411  
Austin TX 78714-9030

Print

Continue

4. As soon as the payment is received by DADS NFA Licensing Staff, the corresponding fee requirement will be checked on the Application Summary page.

**b. Pay Online**

1. Click the “Pay Online” button, the system will redirect to the Checkout page.

**Checkout**

NFA License Number: 99999	Full Name: Doe, John	License Status: Active	Expiration Date: N/A
	Date of Birth: 09/09/1999	Preceptor Status: N/A	Expiration Date: N/A

**Application Details**

Application ID: 158	Application Type: Renewal	Application Status: Open
Application Date: 10/27/2014	Application Age: 0 Days	

**Online Payment**

License Amount: \$250.00  
Texas.gov Price: \$255.88 \*

\* NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

[Back to Payment Options](#) [Pay Online](#)

NFA-039 Release Version 1.4.5.0 (\*) indicates required fields

2. The applicant may review their payment here before proceeding. Click the “Pay Online” button to proceed.
3. The system will redirect to you to the Payment screen, then fill in your personal information and click “Next”.

1 Payment Type
2 Customer Info
3 Payment Info
4 Submit Payment

## Payment

Payment Type
✓
Edit

### Credit Card

Customer Information
Complete all required fields [\*]

Country
United States

First Name \*
Last Name \*

Address \*

Address 2

City \*
State \*
TX - Texas

ZIP/Postal Code \*
78130

Phone \*
Email \*

Next >

Payment Info

Cancel

### Transaction Summary

License	\$250.00
Fee	\$5.88
<b>Texas.gov Price</b>	<b>\$255.88</b>

### Need Help?

Please complete the Customer Information Section

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- The system will redirect you to the Payment Information page. Complete the credit card information and click “Next” to complete the payment.

1 Payment Type
2 Customer Info
3 Payment Info
4 Submit Payment

### Payment

Payment Type
✓
Edit

Credit Card

Customer Information
✓
Edit

AddressPhone

CountryEmail Address

United States

#### Payment Info

Credit Card Number \*

Credit Card Type \*

MasterCard

VISA

DISCOVER

AMERICAN EXPRESS

Expiration Month \*

Select a Month

Expiration Year \*

Select a Year

Security Code \*
?

Name on Credit Card \*

Complete all required fields [\*]

Next >

Cancel

### Transaction Summary

License	\$250.00
Fee	\$5.88
<b>Texas.gov Price</b> <span>?</span>	<b>\$255.88</b>

### Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

- Enter the verification code and click the “Submit Payment” button to complete the transaction.



**Verification**


Enter the characters from the above image:

- This will complete the payment process and the system will redirect to the receipt page. Click the "Continue" button at the bottom of the page to go back to the "Dashboard" page.

## Payment Receipt Confirmation

*Your payment was successfully processed. You may print this receipt page for your records by selecting Print. Please click the "continue" button at the bottom of this page to return to the NFA Online Licensing page.*



## Transaction Summary

		Receipt Confirmation
Description		Amount
NFA Licensing Fee	Texas.gov Price	\$255.88

## Customer Information

Customer Name  
Local Reference ID

Receipt Date  
Receipt Time

10/30/2014  
06:06:17 AM CDT

## Payment Info

Payment Type  
Credit Card Type

Credit Card  
VISA

Credit Card Number  
Order ID  
Name on Credit Card

test

## Billing Information

Billing Address  
Billing City, State  
ZIP/Postal Code  
Country

78130  
US

TX

Phone Number

This receipt has been emailed to the address below.

Email Address

7. This will check the fee requirement field on the Application Summary page.